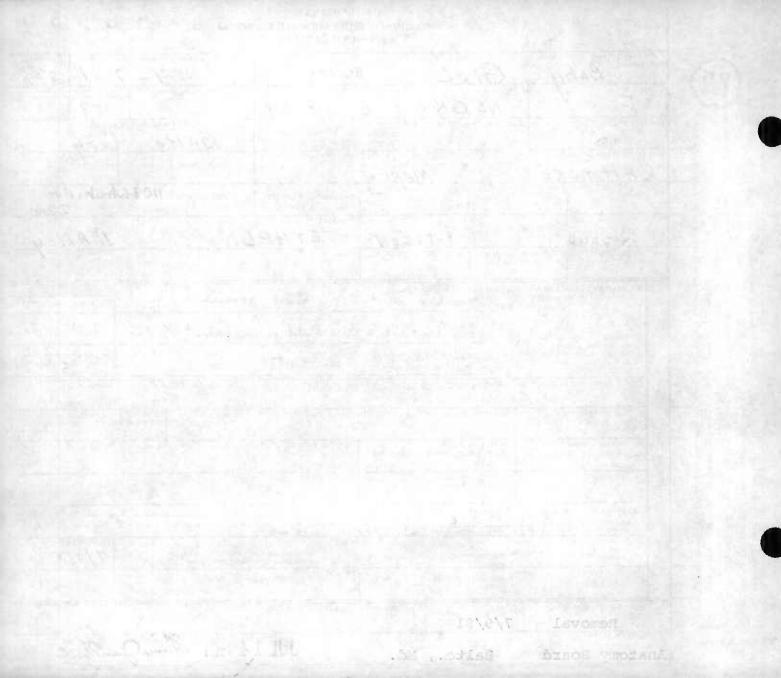
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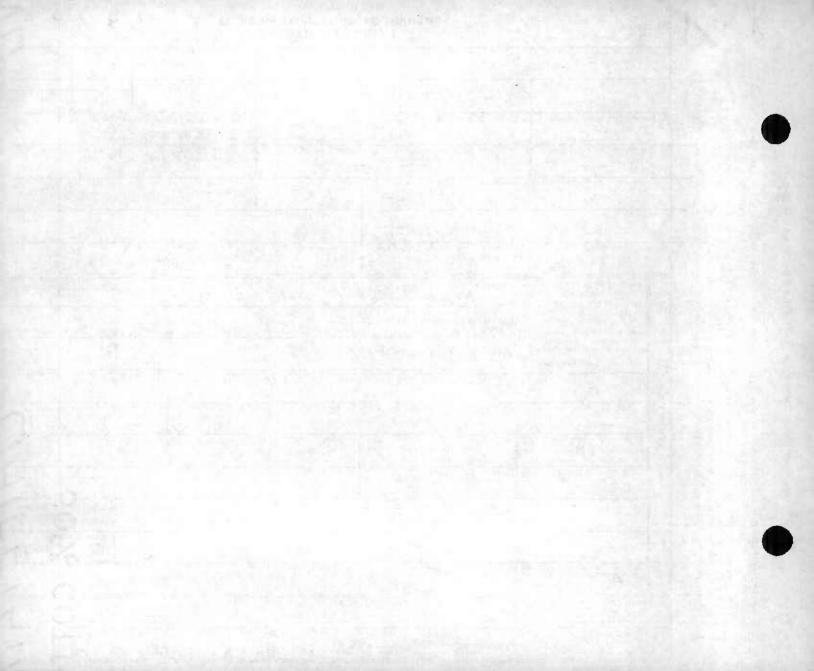
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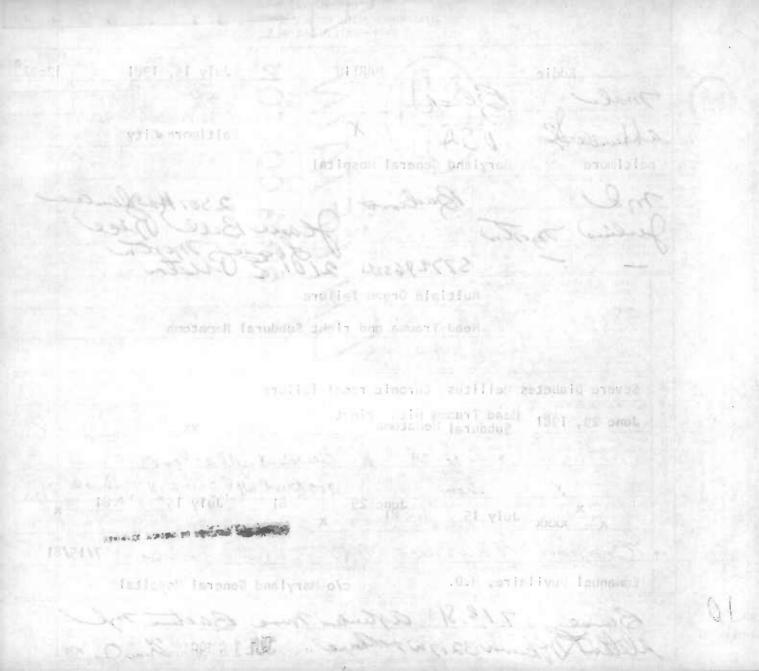
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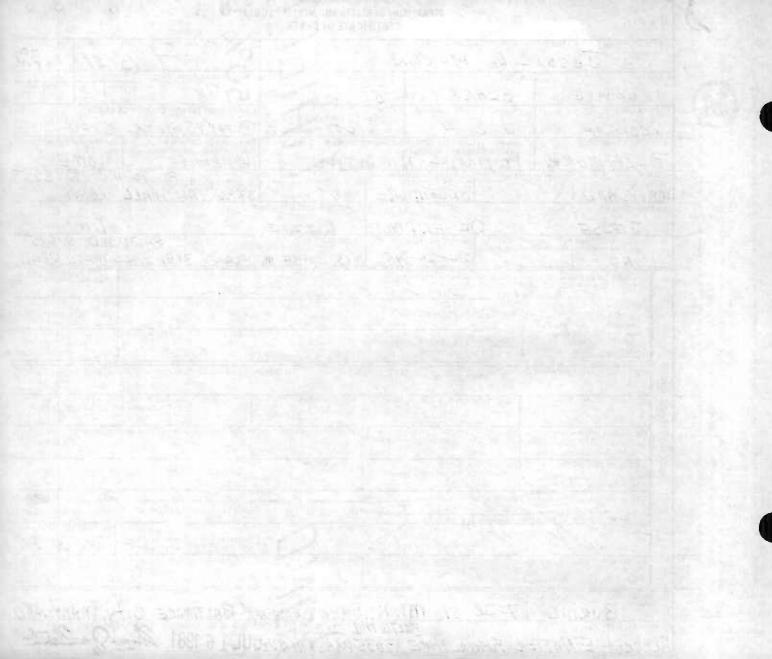
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME DATE KNOWN 7h HOUR LIVE OF PRINTS OF ESTI-Jan DEATH MATED 7 1081 Brandy Marcus A AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAYL RONOUNCED 2:45 DEAD 1081 Female White BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED X Manuland Baitimore City. WIDOWED DIVORCED S 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital None AND 2 SHOULD BE OF WIAL RECORDS, 130. STREET ADDRESS 8341 Oakwood Road, 21108 134 INSIDE CITY LIMITS? Millersville Maryland YES T NO IY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, WITH FORM PM MIDDLE inda yerald Marcus T. PAGES 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as Genald E. Marcus no none TO MEDICAL EXAMINER: IND. CANDER WORD "PENDING" IN PERCENT FACE WRITING THE WORD "PENDING" IN PERCENT FACE A SHOULD BE SECURE WAS A SHOULD BE OF WARARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO FUNDED AS A BURBAL. "RANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISBALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Drown ind DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗀 NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR HOUR AND MONTH DAY YEAR 1319 81 subject drowned CONTRIBUTING CAUSE OF DEATH 6 21d. INJURY OCCURRED 210 PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.I WHILE WHILE AT WORK AT WORK Oakwood Rd. Millersville, A.A., Md. swimming pool 27a I certify that I took change of the remains described above, held an Inspection Autopsy ond in my opinion death resulted from Natural liquises Suicide Undetermined monner Accident Homicide TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 7/8/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. Penn ST. Balto. MD. Ritchie Hwy. 230. BURIAL, CREMATION, REMOVAL 236, DATE 10/1981 edan Hill emeteru 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** ully tuneral Home Patapsco Ave (VR A15 ME (5)) 15M 2/80

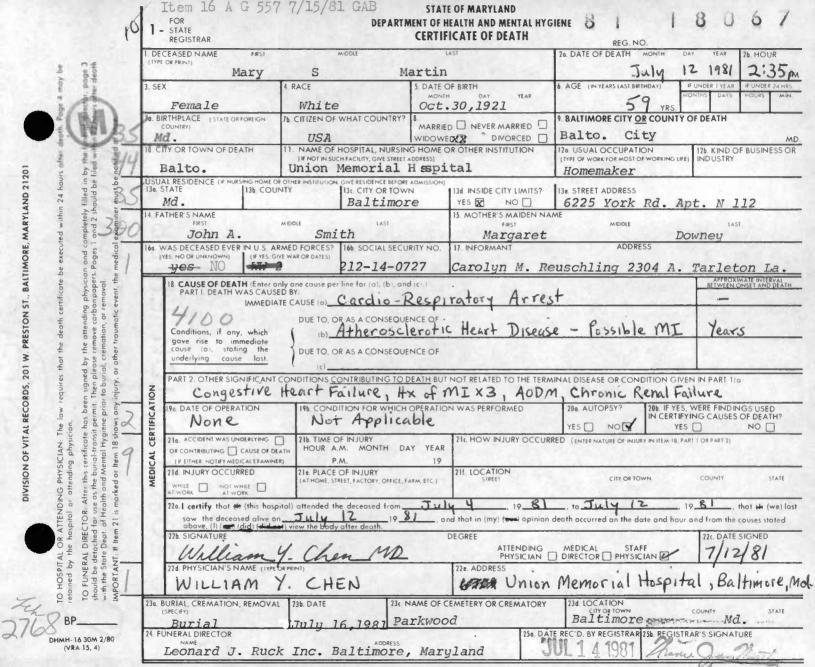
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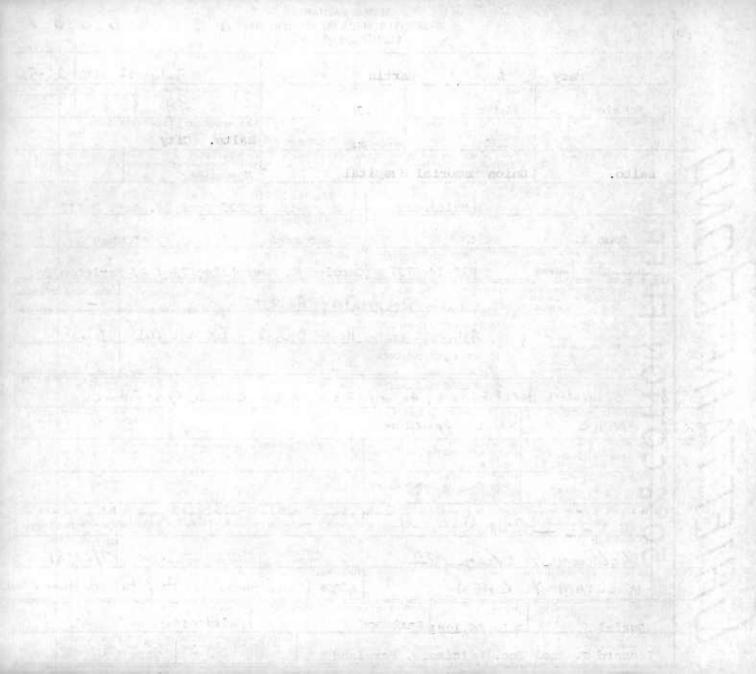
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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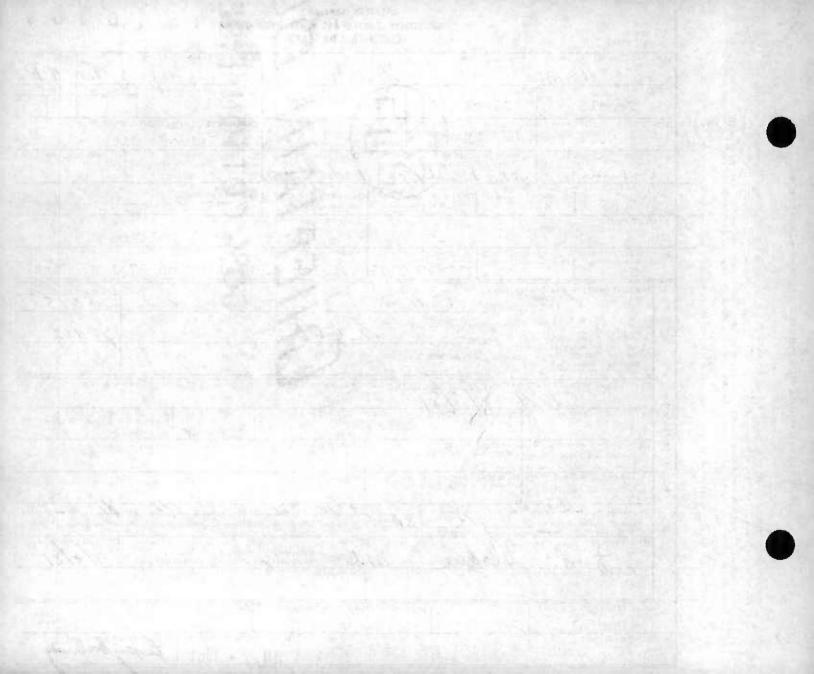
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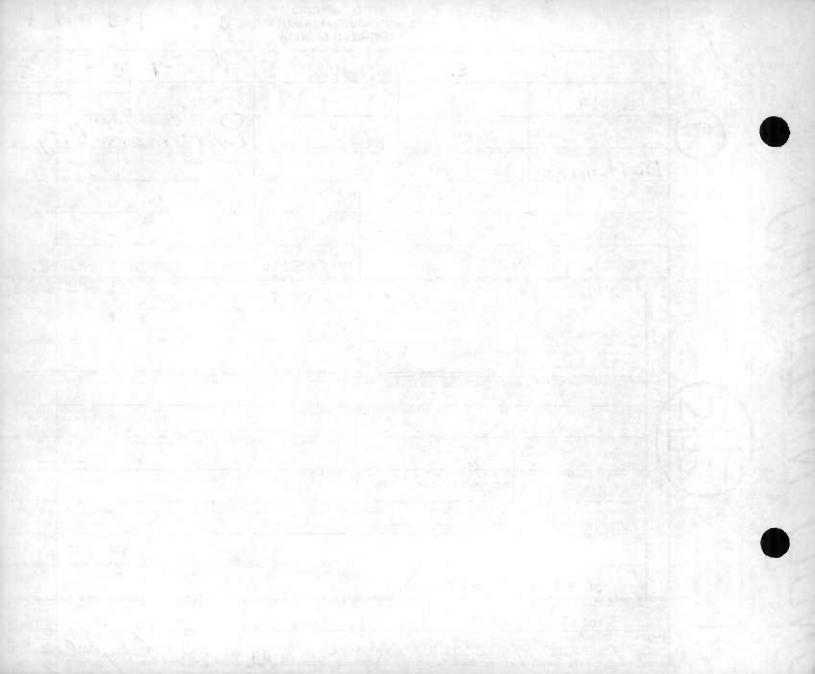
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ATTENDI spiral or CTOR. A sfor use or Healing		22a.1 certify that (f) (f) sow the deceased above, (L) (we) (did	alive an	7	15	19.8/	, one	that in (my) (our	opinion de	_, ta oth occurred	on the date	ond hour		that (we) last causes stated
by the ho ERAL DIRE e detached State Dept		224. PHYSICIAN'S NAM	P	Ila	due		m	ATTEN PHYS 27e, ADDRESS	NDING SICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA	и 🗆	22c. DATE	E/8/
to Hospital retained by 1 TO FUNERAL should be det with the Store	22- 6		174			22. 444.	AF 05 5			Tank 100	701			
50 GBP		BURIAL, CREMATION, RE SPECIFY) Burial	MOVAL	7/10	/81	Md.		METERY OR CREM	. Pk	La	urel		COUNTY	
DHMH-16 30M 2/80 (VRA 15, 4)		m. Name Mar	ch F	/H 1	101 ºE'	RESS NO	orth	Ave.	25a. DATE	7 - 1	GISTRAR 25	b. RESSTR	AR'S SIGNAT	MRE



13		١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 1 8 0 7 0
		1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
			EASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
	oy be lage 3 death	(1186	Ruber	-t Lee Mason 07 27 81 23 24
	mo)	3. SE		4 RACE S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN.
	S S S S S S S S S S S S S S S S S S S		Male	Cay casian 11/19/26 8 7 yrs.
	4 3/2		THPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	de la	10.01	W. Va.	U.S. WIDOWED DIVORCED Baltimore City MD.
201	by the filed with		Baltinure	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOSPITAL HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOP OF WORKER OF TO WORK HOLDER, INDUSTRIS WEARCE, INDUSTRIS WEARCE,
ND 21201	24 hou ould be myst be	13a. S	TATE , NILCOUN	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE AMISSION) INTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS NO 139. STREET ADDRESS NO 140. By Changy AVE
SYLA	orthin 2 sh	14. FA	THER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
WA	ond ond		Honer	W. Mason Mae W. Barrett
ORE,	Poges 1	16a. V	AS DECEASED EVER IN U.S. ARA	The same and the s
BALTIMOR	0 0 %		Yes. W. U	
BAL	rificate physici mayol: went, the		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), and (cl.) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SED BY:
ST.,	P D O 5	-	IMMEDIAT	ATE CAUSE (o) TRAVE TALLUKT
PRESTON	e death contraction, or troumotic		7/47	DUE TO, OR AS A CONSEQUENCE OF
PRES			Conditions, if any, which gave rise to immediate couse (a), stating the	
*	by to a see of the other		underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF COVERY BY PASS
, 20	es t ple urio		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RDS	requir t. Then or to b	ON ON		10 B B B B B B B
RECORDS	low s beer ermit s any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED . 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
¥	The sicion ste how ste how show	RTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINITER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
> 7	IAN: The physicio phy		OR CONTRIBUTING CAUSE OF DEA	
NO	PHYSICIAN: ending phys this certifico te buriol-tran ad Mentol Hy	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	ZIE PLACE OF INJURY ZIL LOCATION
DIVISION OF VIT	Ke o # e # o	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.), STREET, CITY OR TOWN COUNTY STATE
۵	00 00 5			pital) attended the deceased from 1/26 , 19 0 , to 19 1, that (I) (we) last
			sow the deceased alive on above, (1) (we) (did) (did not	on
	OR A he hoss DIRECTOCHED THE HERMAN IF HEM		226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 276 DATE SIGNED
1			Www h	m) x n PHYSICIAN DIRECTOR PHYSICIAN
	HOS ined FUN ould b		22d. PHYSICIAN'S NAME (TYPE O	M, Lai up 22 S. freene Street
	of of short		URIAL, CREMATION, REMOVAL	1236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY OF COUNTY
	BP		Burial	7/30/81 Rosedale Cemetery, Martinsburg, Bérkeley, Willeva.
Lo	DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	NERAL DIRECTOR	202 Greene St. Cumberland, Md. AUG 4 1981 REGISTRAR'S SIGNATURE
4	(100,10),7	H.	wayne beorge	202 Greene St. Cumberland, Ma. 1004 1981 Prince Chilling

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	TYPE	CEASED NAME FIRST OR PRINT) MAR			MAY	BERLY	20 DATE OF DEAT	OF	O1 81	123
02	SE)	FEMALE	4 RACE Blac	ck	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)		HOURS MI
MO		RTHPLACE ISTATE OR FOREIGN VA	76 CITIZEN OF WH	SA SA	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALT MORE CIT	IM C	ore C	ty
39	D	Altimore	LIF NOT IN SUCH FA	SPITAL, NURSIN CILITY, GIVE STREET lent Ho	ADDRESS)	prother institution	12a USUAL OCCU (TYPE OF WORK FOR MI		126 KIND OF INDUSTRY	BUSINESS
ed year	13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	NTY 130	E RESIDENCE BEFORE CITY OR TOW Baltime	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	white	lock St	
aum 14	4 FA	THER'S NAME	MIDDLE	LASI		15 MOTHER'S MAIDEN NA/	MIDD	LE.	LAST	
500		Lonnie		Hicks	Sr.	Elizabe			Eva	ns
the medicol	6a V	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 168	SOCIAL SECU		Priscilla		430 E		St.
injury, or other froumal	NO	Conditions, if any, which gave rise to immediate couse (a), stofing the underlying cause last PART 2. OTHER SIGNIFICANT	(c)	S A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR C	CONDITION C	GIVEN IN PART 1(0)	
à Que sono	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Attri	MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED JENTER NATURE OF	INJURY IN ITEM 18	8, PART 1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
n 21 is mo		220. I certify that (I) (this hasp sow the decessed alive ar above, (I) (we) (did) (dyd no	7-1-	19_		nd that in (my) (Gur) opinion o	, to	he date and h	our and from the co	
# # # # # # # # # # # # # # # # # # #		226. SIGNATURE DUST	suices			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN 🔽	22c. DATE S	-ST
-3		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	211		22e ADDRESS				
APORTA		TRUE I	1-DIVAL	324						
	(5	URIAL, CREMATION, REMOVAL Burial	7 - OTTAGE 7/7/81	\\		EMETERY OR CREMATORY - ew Mem. Pk.	23d LOCATION CITY OR TOWN Balt	imore	COUNTY CO	STATE MD



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASEDMAME MIDDLE 2n DATE OF DEATH DAY 2b. HOUR (TYPE OR PRINT) 30 ALONZO 20. 26. AM 4 RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 1910 Black Male TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Ret.Teacher Baltimore Lutheran Hospital Balto..City SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore N. Bentalou Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Lillie Pinkett William Alonzo McBride Sr Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS Bentalou 166 SOCIAL SECURITY NO 17. INFORMANBalto..Md. (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Mrs. Hyacinth E. McBride 824 N. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ancer aucueas IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF MOS Wosespiralou alle Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION ixase 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from 2014 sow the deceased plive or and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did har) view the bady after death 22h, SIGNATURE DEGREE 22c DATE SIGNED higher ATTENDING MEDICAL STAFF ' should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS BRISUENU 230 BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Balltimore County, Md. 7/30/81 Burial Memorial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) 3035W. NUNTHA

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. NO).		
		CEASED NAME OR PRINT)	FIRST	- T- 1		VC0	AS1				DAY YEAR	26 HOUR
			David		akon			, Sr.				RM
	3. SE)	Male			ite	MONTH	DAY	1 922	6 AGE (IN YEARS LAST BIRTI	11-11	MONTHS DAYS	HOURS MIN
		RTHPLACE STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8			9 BALTIMORE CITY O		Y OF DEATH	
3	CC	Virgin	DAVID EAKON MCCAULEY, Sr. July 24, 1981 ARCE S DATE OF BRITH ARCE S DATE S DATE									
31	Е	TY OR TOWN OF D	E	(IF NOT IN SUC	CITY I	HÖSPITA		NOITUTIT	(TYPE OF WORK FOR MOST OF	WORKING LI		
3	130 S Ma	ryland	13b COU	11A	13c CITY OR	TOWN	YES 🔀	NO 🗌	108 Sout	h Fi	ulton 1	Ave.
20	14. FA	THER'S NAME FIRST Bernar	~	WIDDLE	MCC	auley		FIRST			UNKÎ	NOWN
1		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	16b. SOCIALS	SECURITY NO.		150	on)			
		No	1 1	I/A	229.3	2.8432	Mr.	David	McCaurey,	UL		
	NOI	Conditions, if or gove rise to it couse (0), sto underlying cou	nmediate ling the se lost	(c)	R AS A CONSI	EQUENCE OF	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONE	DITION GI	VEN IN PART 110	01
9	CERTIFICATION	19a DATE OF OPER	ATION	19b COND	ITION FOR WE	HICH OPERATION	N WAS PERF	ORMED		IN CERTI	FYING CAUSES	OF DEATH?
9	EDICAL CER	(IF EITHER, NOTIFY MED	CAUSE OF DE	HOUR A	.M. MONTH .M.				ED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
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1		22d. PHYSICIAN SI	NAME (TYPE)	R PRINT!	anshi	-7 m	22e ADDRE	PHYSICIAN _	DIRECTOR PHYSIC	IANX	17-	10-24
1		STEPHE	J.	OSMA	NSKI,	MD.	BA	KI. CITY	HOSPITALS	5.		
H	23a 8	BURIAL, CREMATION SPECIFY Buria							CITY OR TOWN	arni	e, A.A	., Mb.

BP DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR SINGLETON FUNERAL HOME

MARYLAND

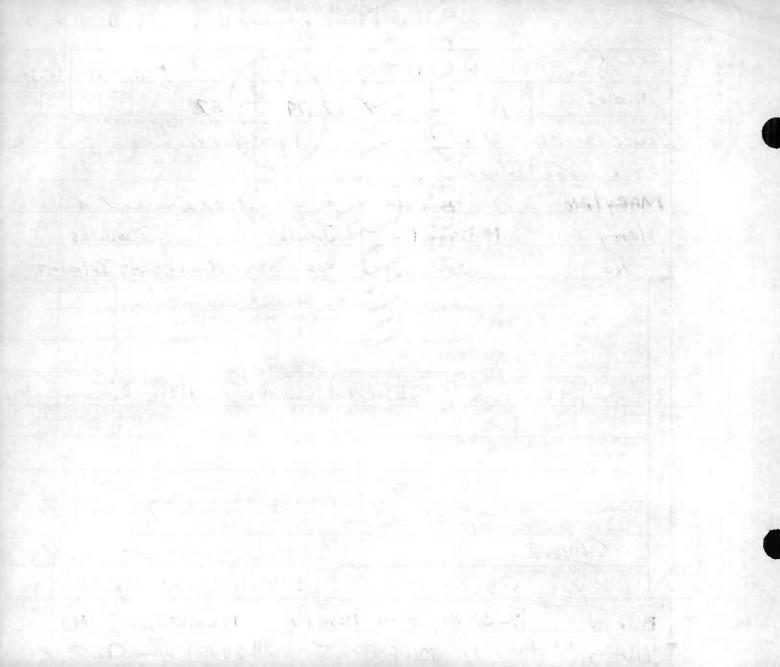
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINTI Arthur 198 onnel 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS HOURS Male White 76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Penna. Baltimore WIDOWEDIX DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BLK INDUSTRY Baltimore Mixen Openator BALTIMORE, MARYLAND 21201 Annapolis Road ann-Lowney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Itimore 2045 Annapolis Road hanuland YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samuel onnell Hones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? edico 17 INFORMANT GIVE WAR OR DATES! James H. Mid onnell es APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), Jb), and (c).) PART I. DEATH WAS CAUSED BY. W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate other cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 301 10 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 161 DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Item 18 shows YES NOF NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR HOUR A.M. HTMOM DAY 101 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 20 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased olive on, and that in (my) (gor) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Inder Singh 2301 Annapolis Road, Baltimore, Maryland 230. BURIAL CREMATION REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Ritchie Hwy., Glen Haven Mem. DHMH-16 60M 1/73 ully tuneral Home E. Patapsco Ave. (VR A 15 (4))

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	್ ೧೭	T. DE	CEASED NAME FIRST	MODIE	men	ST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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	de 1 %	LA	utt Caralina	4.5.4	WIDOWE	DIVORCED [Baltennie		MD.
		10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME O STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND O	OF BUSINESS OR
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RECORDS	low re	\S_	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDIN	OF DEATH?
¥	N: The I nysicion.	CERTIFI					YES NO	YES 🗌	NO 🗌
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Ö	CI B B B	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
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_	TI do do do 12		sow the deceased alive an obove, (1) (we) (did) (did not)	view the body ofter death.	17; 0111		death occurred on the date and		
	0 = 0 + 0 +		226. SIGNATURE		C	EGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
			1			PHYSICIAN [DIRECTOR PHYSICIAN	7/3	27/81.
	HOSPI Ined b		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	110 4 011	11000	
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	₹ 5 F 2 2 ₹ 1	23c. E	URIAL, CREMATION, REMOVAL	23b. DATE	111	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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1	DHMH - 16 50M 1/76	24 F	INERAL DIRECTOR	C.A ADDRE	SS 1 2 2	25a DATI	E REC'D. BY REGISTRAR 256 REC	ISTRAR'S SIGNAT	URE
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1	1.	STATE REGISTRAR		EPARTMENT OF I	ICATE OF D		REG.	NO	0	0	, ,
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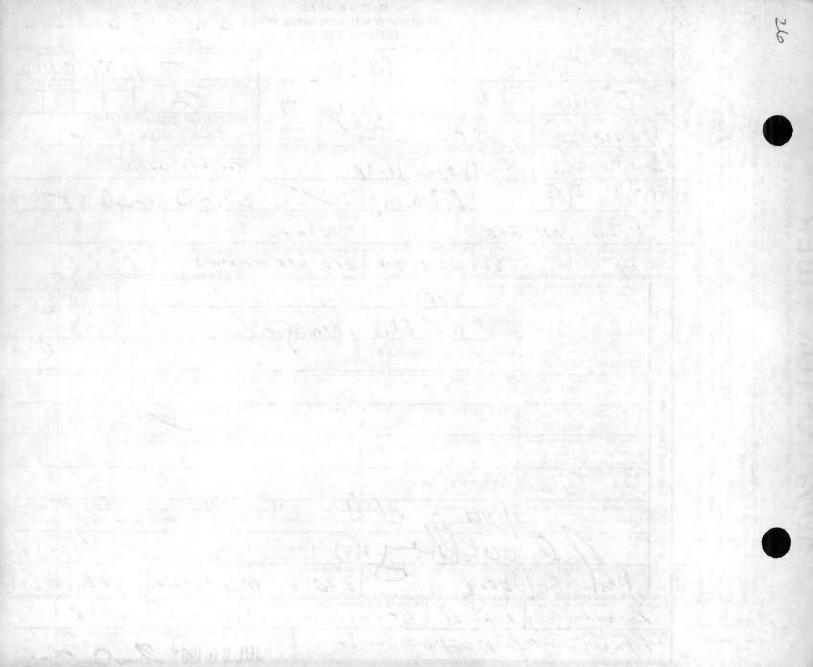
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) LETITIA L. 8 MCELROY 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS TEAR MONTHS DAYS HOURS Female White To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NOORCED Virginia U.S.A. Baltimore City WIDOWED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 17h KIND OF BUSINESS OR Baltimore City Hospitals (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 130_STREET ADDRESS Baltimore 1101 Demacay Way YES TX NO [LE FATHER'S NAME 15 MOTHER'S MAIDEN NAME William MIDDLE Wessar Flora MIDDLE Stanglin Vivian Dukes, 1101 Demacay Way, Baltimore, Md. 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 214-20-7328A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Break CA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ental Hygiene NO YES [NO [20 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TO FUNE should be with the S 230 E. Univ. AV. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE STATE (SPECIFY COUNTY 7-15-81 Burial Woodlawn Cemetery Baltimore Baltimore Md. 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 25M Nicholas T. Matthews, 3021 Pastern Avenue (VRA 15, 4) 1/79

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- 5	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	8082
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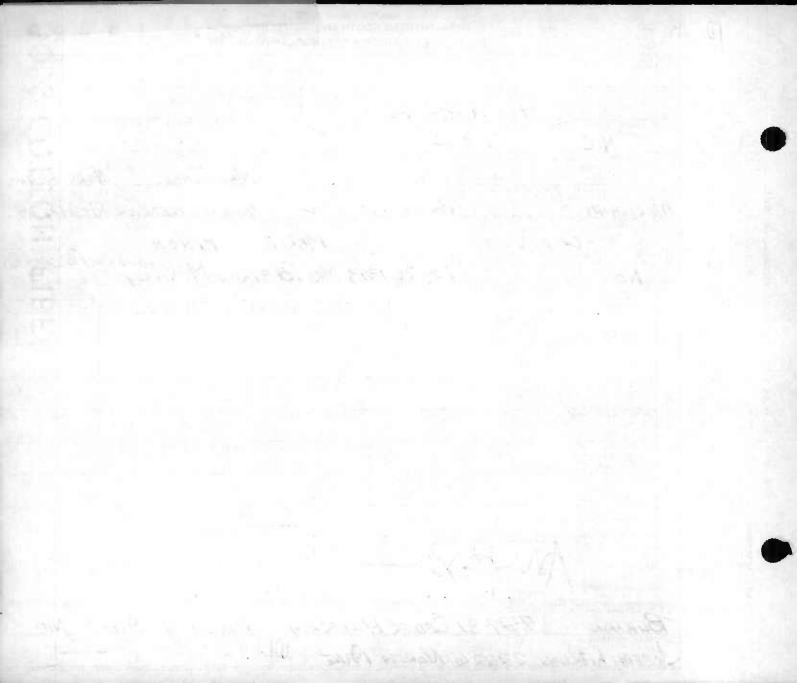


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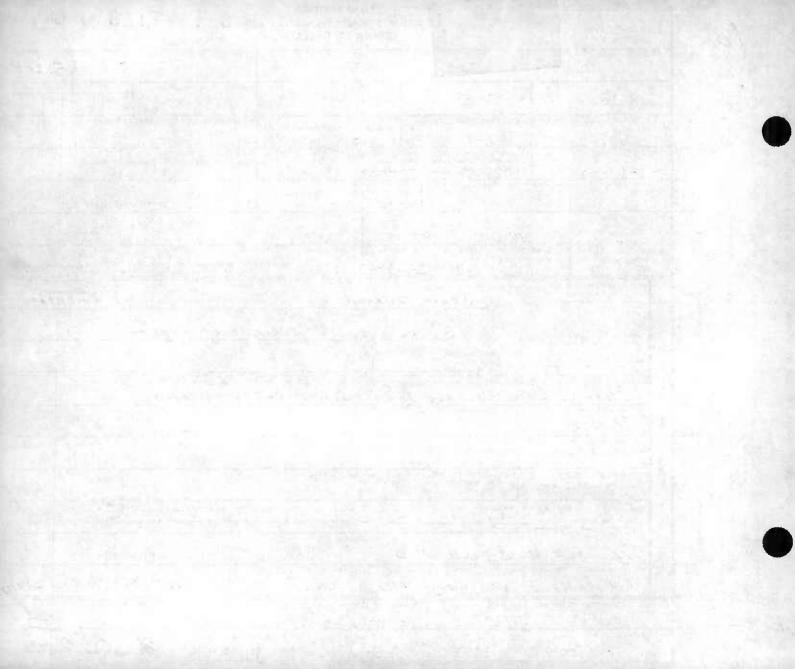


	10		FOR 6,15 STATE REGISTRAR	Per.FH.	8/3/81	GAB DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEAT			G. NO.	8 0	8 6
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with with day		7 3	HER'S NAME FIRST	M	DOLE	LAST		15 MOTHER'S MAID	JEN NAME	MIDI	DIE	LAS	Gray
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ORE ind c	og p		ASSECEASED EVI		ED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT		А	DDRESS	Che	stertown,
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir catending physicion. If the this earthfacte has been sign of the build-transit permit. Then the and Mental Hygiene prior to be the ond Mental Hygiene prior to be	any	CERTIFICATION	90 DATE OF OPER	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
he lon. has	Swo of	TIFI	4							YES NO		YING CAUSES	OF DEATH?
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OR. OR.	-2		sow the dece	osed plive on_	7/2	26 19	1	d that in (my) (our) a	opinion des	oth occurred on t	he date and hour		that (I) (we) last
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HOSPIT ined by FUNER wid be o	NRTA		20. FITTSICIANS	MAME (TIPE OK)	DAI	NT		THE ADDRESS	1, 1	- 11	· KA V	1. 1	100 1
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F 5 F 0 >			RIAL, CREMATIO	N, REMOVAL	236 DATE	730	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION	YN	COUNTY	SLATE
BP			Buria	al	July	29,1981	Chur	ch Hill		Church	Hill G		nne Md.
Ch DHMH-16 50M 1	/81		VERAL DIRECTOR			ADDRESS			25a. DATE R	REC'D. BY REGIST	RAR 25h	RAPSIGNAT	17 -1
(VRA 15, 4)		He	lfenbein-	-Hubbar	d Funer	ral Home	Ches-	ter, Md.	JU	L 2 9 191	Min	in form	Car Clan

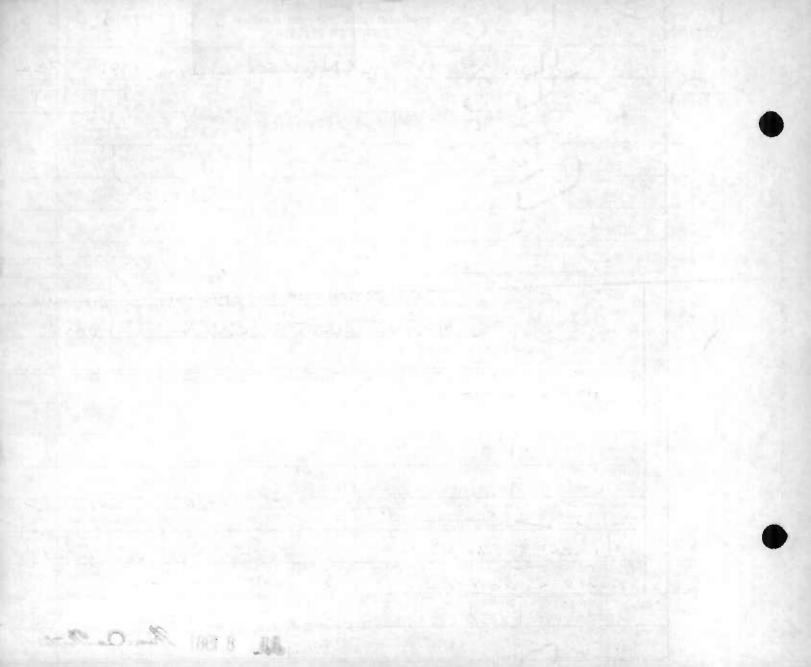
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Wm. C. March F/H 1101 E. North Ave.

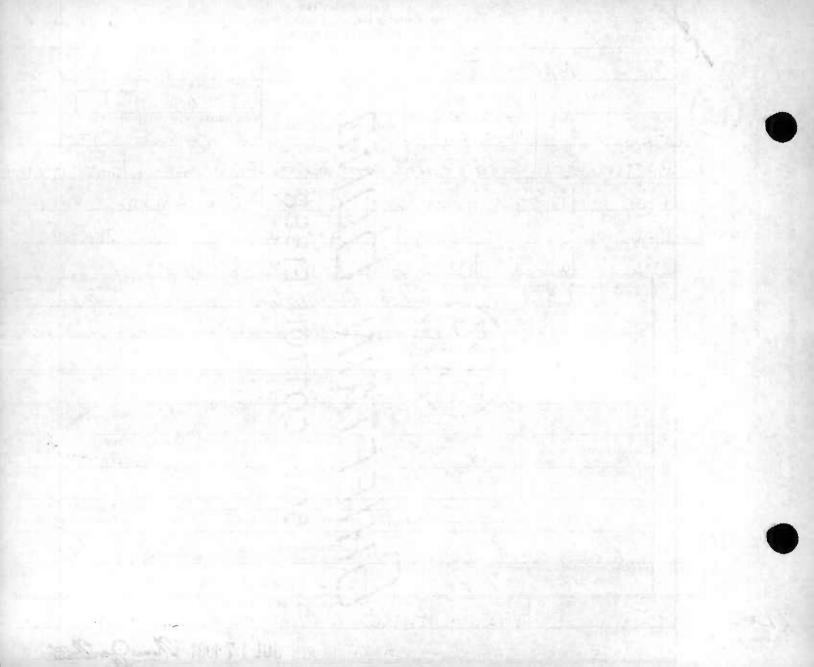
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2/	1		FOR		DEPARTME		OF MARYLAND EALTH AND MENTAL HYGI	ENE 8	1 8	088
1	12	1 -	STATE REGISTRAR				CATE OF DEATH	REG. NO		
			CEASED NAME FIRST		MIDDLE	LA	IST			EAR 2b HOUR
	y be	(TIPE	Julia		Dean	M	E Naiv Sr.		6,1981	300AM
	де 4 по	3. SEX	male	4 RACE Bla	ack	M9TH	F BIRTH 50AY 0'2R	6 AGE (IN YEARS LAST BIRTI	YRS	DAYS HOURS MIN
	orth. Po		RTHPLACE (STATE OR FOREIGN N.C.	76 CITIZEN OF		MARRIED	NEVER MARRIED	Baltimore city o	rcounty of DEA ore City	TH
50	by the filed w	10 CI	Baltimore		HOSPITAL, NURSING THE FACILITY, GIVE STREET ADD TO STREET		ROTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	filled in ould be must be	USUA 13a S	LESIDENCE (IF NURSING HOME OF TATE 136 COUL	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE AD 13c CITY OR JOWN Baltimos	e e		136 STREET 103 RESS.	Payson	St.
MARYL	ompletely ond 2 sh	14 FA	THER'S NAME Donnie	WIDDLE	McNair		Lelia	WIDDLE		tAS1
IIMORE,	on and co		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) NO	RMED FORCES? (E WAR OR DATES)	246-16-4		Julian Dea	an McNair,		01 Argonne
I., BALI	rtificate la physicia pappers emoval.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per ED BY. TE CAUSE (a)			MONARY	ARREST	BET	MINUTES
STON	deoth cei		4360 Conditions, if ony, which	DUE TO, O	RASA CONSEQUENCE		LEFT	C. V. A.	r	AYS
W. PRI	by the cose remoter free		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUENC	CE OF				
1DS, 20	equires #1 signed Then ples to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO		ATH BUT	NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVEN IN PA	ART Ita
LRECOR	hos beer permit permit permit permit ows only in the prior ows only in the prior of	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OF	PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
OF VITA	PHYSICIAN; The kending physicion. this cerrificote hos he buriol-transit per ad Mental Hygiene d or frem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	ART 2)
VISION	ond ked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOW	'N COUN	TY STATE
۵	Z = & S &		220. I certify that the (this hosp saw the deceased alive or above. (1) (per (did) (did)			6/2 1 an	d that in (my) (por) apinian d	to 7/6	te and hour and Iro	, 11101 (11,200)1031
•	OR A DIRECTOCHED TO THE POST.		22b. SIGNATURE		e w	C	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ / -	DATE SIGNED
	ro Hospital fetoined by th TTO FUNERAL should be deto with the Stote IMPORTANT: II		22 PHYSICIAN'S NAME (TYPE O	OR PRINT)			120 UIDEN			
150	4	23a B	URIAL, CREMATION, REMOVAL Burial	23b. DATE	231 NA		METERY OR CREMATORY	23d LOCATION CITY OR TOWN Water	COUNTY	MD STATE
Lek	/BP	24 FL	INERAL DIRECTOR	7/11/			vridge Geman	REC'D. BY REGISTRAN	REGISTRA S S	
, ,,,,	0HMH - 16 60M 1/75 (VR A 15 (4))		Wm. C. March	h F/H	1101 E.	Nor	th Ave.	8 1981	name Can	- Martha



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20. DATE OF DEATH 26 HOUR TYPE OR PRINT 8 1. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR H BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NOUSTRY 6000 COUNTY STATE 13d. INSIDE CITY LIMITS2 13e. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE BUR KEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIAC IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ARTERIOSCLEROTIC VASCULAR DISEASE gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION PULMONARY 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? NO YES T NOF ntol Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART T OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 50 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY orked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above. (1) (we) (did) (did nat) view the boo and that in (my) (our) opinion death occurred on the date and hour and from the causes stated y ofter death 27b. SIGNATES DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PMYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S MPORT SAMARITAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24 FUNERAL DIRECTOR DHMH-16 30M 2/B0 (VRA 15, 4) CHAPIL 9800 HARFURD RD



1101 E. North Ave.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Wm. March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

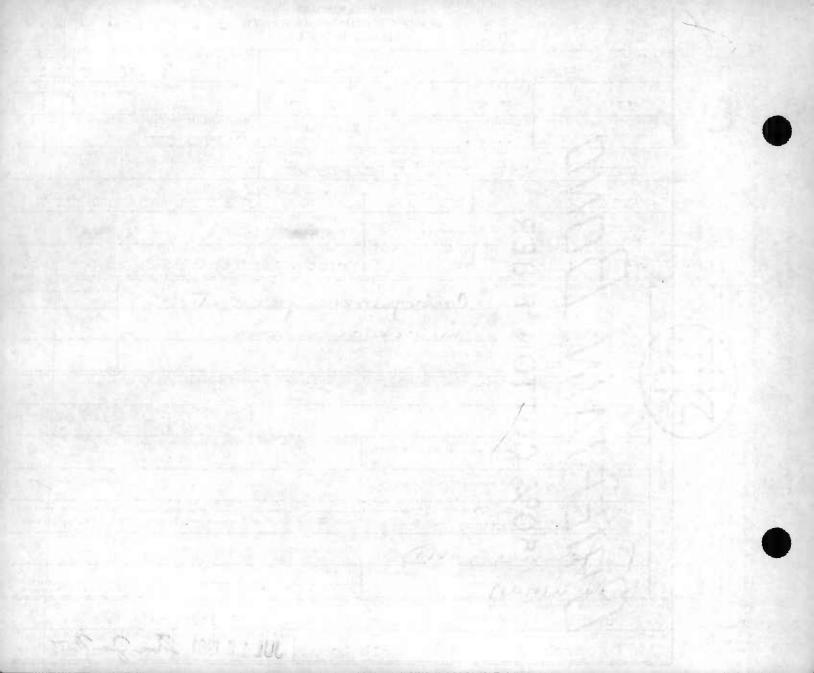
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

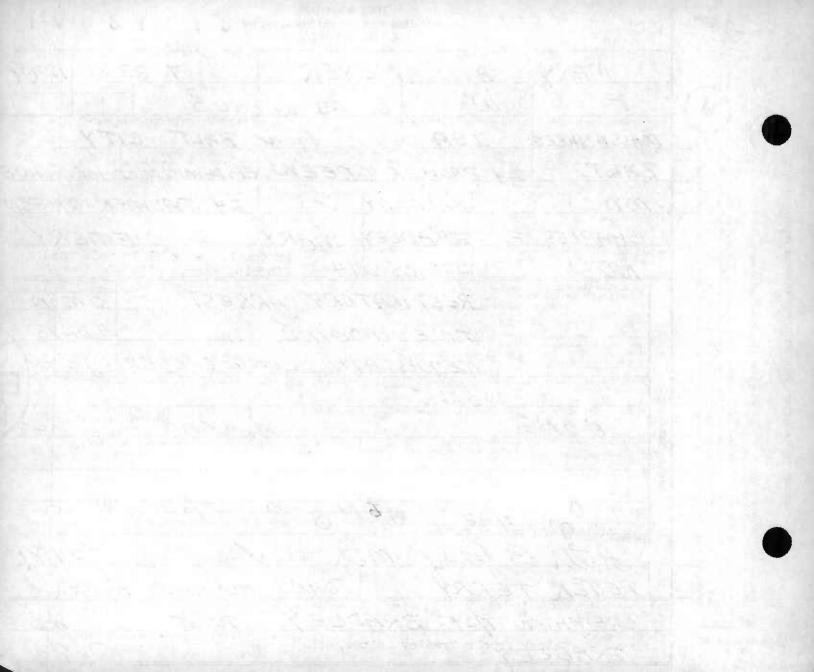
CERTIFICATE OF DEATH

REG. NO

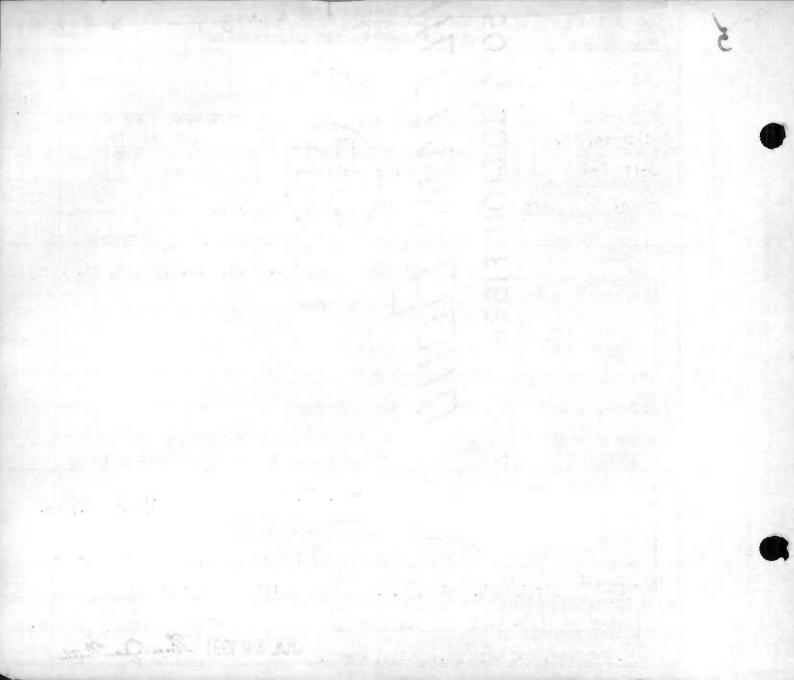
250. DATE REC'D, BY REGISTRAR 200 REGISTRAR'S SIGNATURE

an Martha





30/1307



1,	FOR		DEPARTMENT	STATE OF A	ARYLAND AND MENTAL	HYGIENE		9	0 0	9 4
1,1	STATE REGISTRAR		MEDICAL EXA	MINER'S	ERTIFICATE	OF DEATH	REG. NO	0.		
	- action to the life	FIRST	MIDDLE		LAST	20. DA1			DAY YE	AR 126. HOUR
(1)	PE OR PRINT)	loward			Miller	OF	TH MATED	7	1 / 0	
3. SE		5. DATE OF BII	RTH TA AG	F (IN YEARS IF U.S.	DER 1 YR. IF UNDE			MÖNTH	14 19 8	EAR 2d. HOU
	Male Blac	MONTH [5 38 4°	BIRTHDAY) MONT		MIN PRONC	DUNCED AD	7	14 198	1.1:
	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN O	WHAT COUNTRY?	8 MARR	ED NEVER MARI	RIED P SAL	IMORE CITY O	R COUNTY	Y OF DEAT	A
	Alto	U.	SA	WIDOW			Itimore	City		AAI
10 0	Baltimore		HOSPITAL, NURSING CHEACHITY, GIVE STREET ADD Pran Hospi	DRESS	ER INSTITUTION	120 USUAL OC	CUPATION (TYPE		26 KIND OI OR INDI	F BUSINESS USTRY
USU	AL RESIDENCE (IF IN NURSIN					See. Sea	ce			
		COUNTY	BAIT	WN	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADI). LANGE	le 57	-	
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
1	Leroy		miller		AdelAid				FUAN	15.
Ióa.	WAS DECEASED EVER IN I	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS			,
	NO	TES, OTTE WAR ON DATES!	213-3	4-5902	HoelAide	Miller	2408	LOW	da No	theres
	18 CAUSE OF DEATH (nter only one cause per	line for (a), (b), and (c	c),)		1777712		- 1	APPROXI	MATE INTERVAL
	PART I DEATH WAS	CAUSED BY:	Pesticide		ration				BETWEEN	ONSET AND DEATH
-	18/29	MEDIATE CAUSE (o) DUE TO	OR AS A CONSEQUE		a i i on			1947		
1/	Canditians, it any,									
	gave rise to immo		OR AS A CONSEQUE	NCE OF						
	lying cause last.									
	PART 2 OTHER SIGNIFICANT CO	NULTIONS CONTRIBUTING TO O	CATH BUT NOT BELLIZE TO T	He resulting over a					1	
2	THE Z OTHER SIGNIFICANT CO	O SI UNITUSIANO CAUTION	EATH DOT HOT RELATED TO T	HE LEKMINAL UISEAS	OR CONDITION GIVEN IN P	ART I to .				
무	190. DATE OF OPERATIO	I I I I CO	NDITION FOR WHICH	ORERATIONIA	AC DEDECORMEDO					
10 A	The Date of Orekand	170. CO	NOTITOR FOR WHICH	OFERATION W	AS FERFURMED?				20 AUTO	
CERTIFICATION	21g. EXTERNAL CAUSE V	WAS INTE	E OF INTRUST	Las					YES [NO [
LCE	UNDERLYING COR		E OF INJURY A.M. MONTH DAY	YEAR	DW INJURY OCCURR				T 2)	
CA	CONTRIBUTING CAL					gested pe	esticide)		
MEDICAL	21d. INJURY OCCURRED	21e PLA STREET	CE OF INJURY (AT HO		CATION	CITY OF	TOWN	COUN	NTY	STATE
-	WHILE NOT WH	K X	house	24		ale St. E				MD.
	27a. I certify that I too death resulted fram: ACTUAL SIGNATURE	National causes ,	Accided 3	Aicide 🗌	Inspection of the second of th	Undetermined	monner,	DATE SIGNED		5/81
-	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M:	D.	ADDRESS	Penn St		, ME	ο.	
23a.E	BURIAL, CREMATION, REMA	OVAL 236 DATE 7-21-	81 mt	CALVA	CV COMMENT	23d LOCATION CITY OF JOHN	to	COUNT	IY /	Md-
24. F	UNERAL DIRECTOR	400	RESS	1	150 DATE	REC'D. BY REGIST	RAP DE REGIS	TRAR'S SK	GNATURE	70
11	Illiam C. A	PONUL 15	20611.11	eth K	AUG	4 1981	Manue (dans	12. the	
		The second secon	1/70					/		

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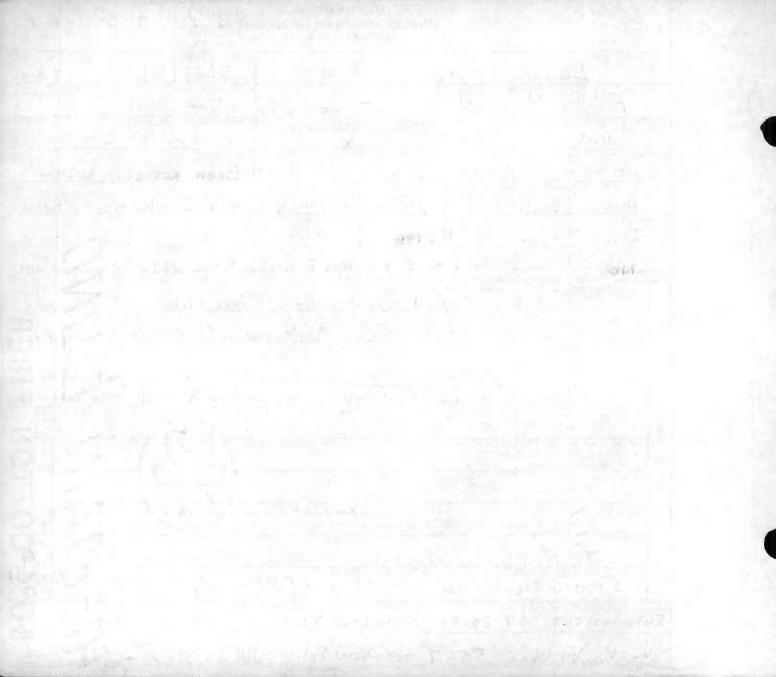
2 %		tem 8 g558 8/4/ FOR STATE		DEPARTMENT	F HEALTI	MARYLAND H AND MENTAL H	IYGIENE	18	0 9	5
		REGISTRAR ECEASED NAME FIRST (PE OR PRINT)	WE	MIDDLE	INER'S	CERTIFICATE C	20. DATE KNOWN OF ESTI-		DAY YEAR	7b. HOUR
ARY, PLEASE DIRECTOR. OUR FILES. IN 72 HOURS HON STREET,	3. SE	JOE WIL X GRACE ale black	5. DATE OF BIRTH MONTH DAY 10 14	YEAR 6. AGE (1) LAST BIR 15 65	N YEARS IF U	MTT.T.E.R. NDER I YR. IF UNDER	DEATH MATED 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	7-18	DAY YEAR	724.03 ^{UR}
A PROPERTY OF THE PROPERTY OF	7 70 1	BIRTHPLACE (STATE OR OREIGN COUNTRY) S.C.	76. CITIZEN OF WI		Te	RIED TO NEVER MARR		OR COUNTY	17	I D M
ELAY IS.	0	Baltimore	422 N.	SPITAL, NURSING HO CHITY, GIVE STREET ADDRE Louden Av	enue	HER INSTITUTION	12a USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)		26 KIND OF BU OR INDUST	JSINESS RY
ANY E RETA HOULD		AL RESIDENCE (IF IN NURSING HOME STATE MD		13c CITY OF TOW Baltin	N	13d INSIDE CITY LIMITS? YES YOU	13e. STREET ADDRESS Loudo	n Ave	nue	
DEATH. II	20	ATHER'S NAME Virgil	MIDDLE	iller		15. MOTHER'S MAIDE Minni	e Lee		Colli	ins
URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AN DIVISION OF	16a.	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? E WAR OR DATES)	247-05-		Lottie	M. Ellis 422		on Ave	enue
WITHIN 24 HOLININ 24 HOLININ 24 HOLININ 24 HOLININ 24 HOLININE ALONG IRANSIT FERMI VITAL HYGIENE, VITAL HYGIENE, OR REMOVAL.		Canditions, if ony, which gave rise to immediate cause (a) stating the under	ED BY: ATE CAUSE (o) Ar DUE TO, OR (b) (b)		CE OF	cardiovasc	ular disease		APPROXIMATE	E INTERVAL T AND DEATH
RECO ID BE PENDI MED AS A REALTH	MION	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE			RT 1.sa'.		20 AUTOPSY	2
さい コンド 出頭 エディ	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	FINJURY	21c. H		D ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART	YES 🗌	NOXEX
DIVISION OF VITAL WNER: THIS CERTIFICATE SHOUI FICATE, WRITING THE WORD " RE FORWARDED TO THE CHIEF CTOR: PAGE 3 SHOUID BE USEI H THE STATE DEPARTMENT OF H H THE STATE DEPARTMENT OF H H THAN 2 1201 PRIOR TO BUGIAL	MEDICALO	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH P.M.		E, 211 LC	DCATION STREET	CITY OR TOWN	COUN	1114	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAGE RER DEATH, WITH THE STAND BALTIMORE, MARYLAND, 213		220. I certify that I took chor	rge of the remains des	icribed above, held o	n Autop	Homicide	Undetermined manner MEDICAL EXAMINER	ond in my opin], DATE SIGNED		9-81
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI PAFTER DE/	2.	BURIAL, CREMATION, REMOVAL	garita A.			ADDRESS 111	Penn Street [23d LOCATION			
Leh DHMH-17	24	Burial FUNERAL DIRECTOR	7/24/81	Mt. 2	Aubur	n Cem.	Baltimore REC'D. BY REGISTRAR JL 2 1 1981	ISTRAR'S SK	M	D D
(VR A15 ME (5)) 15M 2/80		Wm. C. March	F/H 11(1 E. No	r cn A	ve.	AF W T 1201	2		

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West Profession Control of the Contr		
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1 7 6	(TYPE	CEASED NAME FIRST LILLA		•	Miller		7 27 8		1:30AM
_(M)	3 SE	F	1 RACE	MON O 5	OF BIRTH	VEAR 07	6 AGE (INYEARSLAST BIRTHDAY	MONTHS DAYS	HOURS MIN
3	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) M. d.	16 CITIZEN OF WHAT CO	MARRI		ORCED 🗌	Baltimore city or co	0 1	MD.
by the filled with	e	saltimore	OT IN SUCH FACILITY.	Charles (beneral	MOITUTI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY	NION
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makyli ed within	14. FA	John	WIDDLE	EISE	ı ∧ F	MAIDEN NAM	MIDDLE	She	phard
IMORE,	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC VE WAR OR DATES) 214	1-05-3451	Mys. E	- 0	e Hays-292	14 Edgers	ood are.
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DHMH - 16 50M 1/76 (VR A 15 (4))	10	NERAL DIRECTOR		DORESS Harl	nel Rol	250. DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE

ILLEGO OO OOLI INN



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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STATE OF MARYLAND

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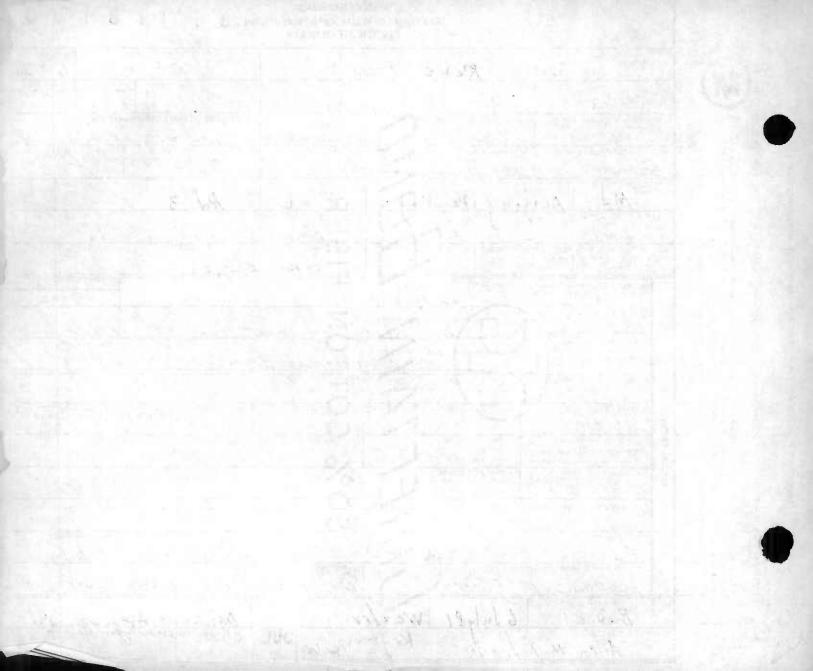
death certificate be executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTEN

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dirights should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 houwith the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. with the charactery and execution of the management of the control of the medical execution of t

1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 I REG. NO.	1 8 i	0 0
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-76	BIRTHPLACE (STATE OF	FOREIGN 76. CITIZE	N OF WHAT COUNTRY?	8 AA A DDIE!	D NEVER MARRIE	9 BA	LTIMORE CITY OR COU	NTY OF DEATH	
5	MD		USA	WIDOWE		_	BALTIMOR	E CITY	ME
10 (CITY OR TOWN OF DE		E OF HOSPITAL, NURSING IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION		USUAL OCCUPATION		OF BUSINESS OR
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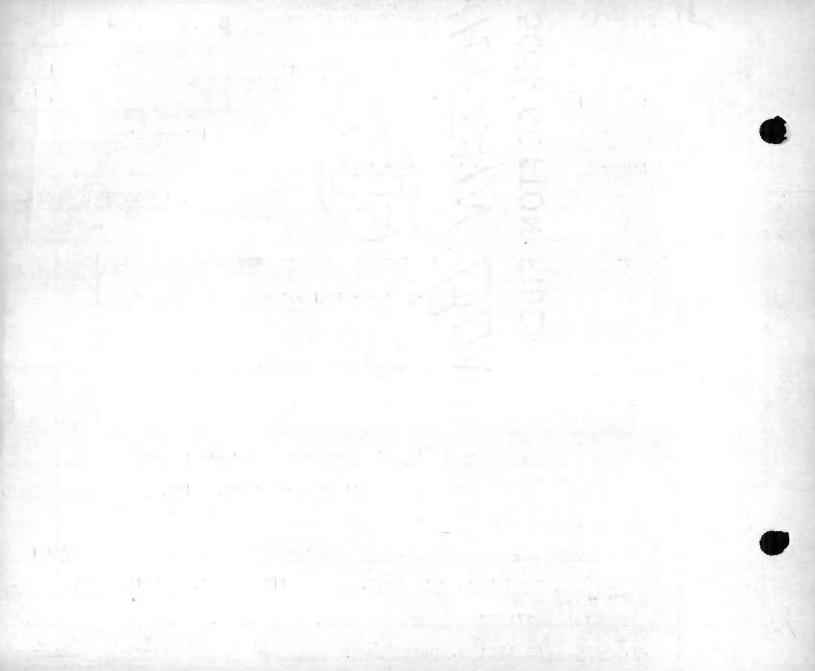


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BA	1	DECEASED NAME	FIRST	WIDDLE	1	AST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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0 BP		30 BURIAL, CREMAT	ION, REMOVAL	23b. DATE 7/8/81		emetery or crematory lemorial Pk.	Balto., Md	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)		FUNERAL DIRECTO	/ 1	0H-4600°	or bert	// /	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X WONIH 26 HOUR (TYPE OR PRINT) OF DEATH MATED John Mitchell 1981 THOMAS 4. RACE AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR 2c. DATE MONTH DAY LAST BIRTHDAY 1:50P PRONOUNCED Male Black 16 07 73 YRS DEAD 198 IN BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA ACKSONVILLE, FL WIDOWED [DIVORCED Baitimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore University Hospita USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13d INSIDE CITY LIMITS? 2220 MT. HOLLY ST. 21216 MD BALTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE COLTER MARY JOHN MITCHELL 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 217-05-3970 BESSIE MITCHELL 2220 MT HOLLY ST. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fracture of cervical spine DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATION OF THE WORD "TRECTOR THE CRETIFICATE. WRITING THE WORD "THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF THE THE DEATH OF THE STATE DEPARTMENT OF THE THE DEATH OF THE STATE DEPARTMENT OF THE STATE D YES 🛛 NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING EXOR CONTRIBUTING CAUSE OF DEATH 4:40 XX 6 19 Driver in auto/auto impact 21e PLACE OF INJURY SATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE COUNTY WHILE NOT WHILE X street Gilmor & Baker Sts. Balto. MD 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram. Notural causes Accident K Hamicide Suicide Undetermined manner TITLE (SPECIFY) Assistant DATE 7/8/81 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY CITY OR TOWN 7/13/81 VET CEM. BURIAL MD. CROWNSVILLE MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) W.C. MARCH F/H 1101 E. NORTH AVE 15M2/80

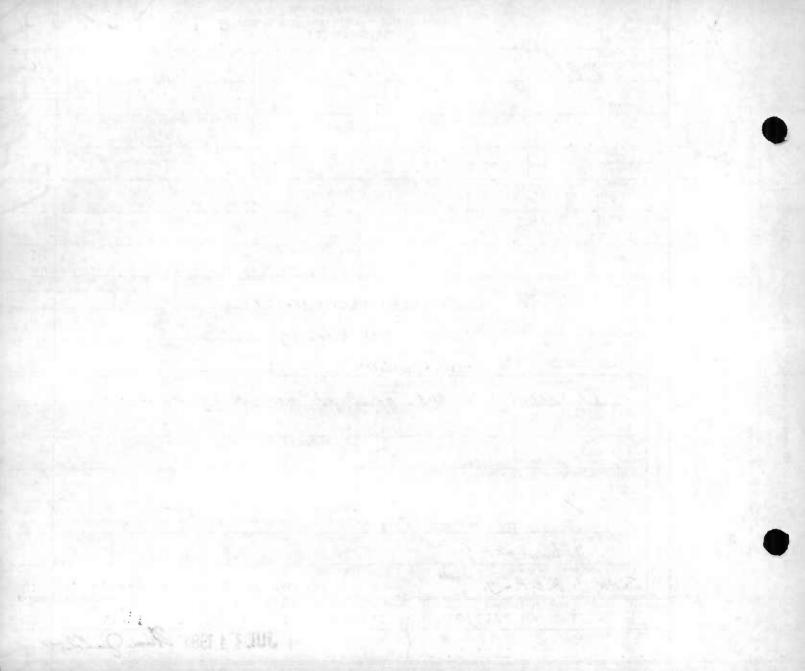


STATE OF MARYLAND

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ler d		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	HOME O		120 USUAL OCCUPAT	ION		BUSINESSOR
10	I	BALTIMORE	CITY	HOSP.	rc331		(TIPE OF WORK FOR MOST	AL MORKING FILE)	NDUSIKI	
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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	18106
NEWS TRANSPORT	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
£ 4	(TYPE	OR PRINT)	ATRICK J.	MONAGHAN JR.	1	4 81 505P
24	3. SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
(新机)		Male	White	Sept. 3, 1914	66 YRS	MONTHS DAYS HOURS MIN.
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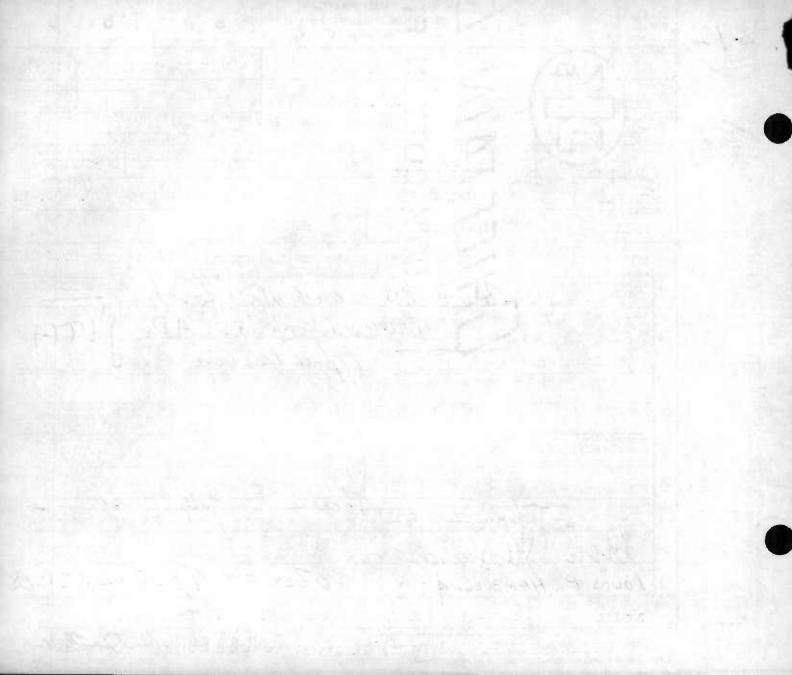
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•		STATE REGISTRAR CEASED NAME E OR PRINTI			DICAL EXAMINE	R'S CERTIFIC	ATE OF DEA	20. DATE KNOWN	NO.	DAY YEAR	2b. HOUR
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	3. SEX	ale	white	May 19,	1951 6. AGE (IN YEARS LAST BIRTHDAY) 30 YRS.	MONTHS DAYS	HOURS MIN.	2t. DATE PRONOUNCED DEAD	7	6 ₁₀ 81	2d. HOUR 3:25
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6		John		Richard	Moore, Sr	Dor	othy	WIDDLE		sinclai:	
3	(Y	Yes	Viet	nam	16b. SOCIAL SECURITY N 121-42-2008 e far (a), (b), and (c).)		Moore/wif	e Same	as 13		
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STATE OF MARYLAND



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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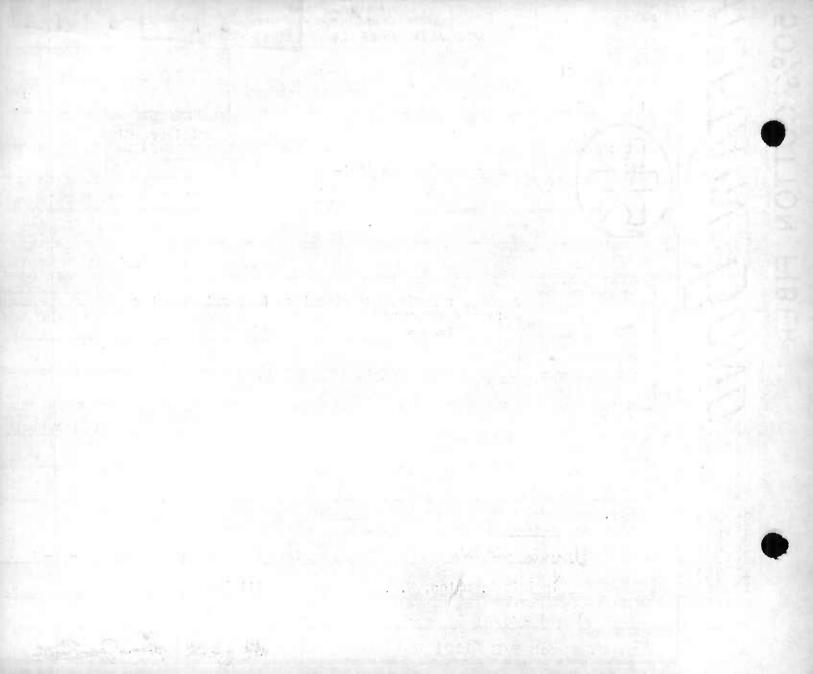
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BALTIMORE	A HOURS AFTER DEATH. TEM 18. GIVE PAGES 1, 2 DNG WITH FORM PM 3 FERMIT. PAGES 1 AND 2 FIENE, DIVISION OF VITA ALL.	16a. \ {Y	vas deceased ever es no, or unknown) No	IN U.S. ARM (IF YES, GIVE W	NED FORCES? VAR OR DATES)	245-42-			Garnes 428		ster	Ave.
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201 V	EXAMEN PER		lying cause lost.	me onder	(c)	AS A CONSEQUENCE	OF					
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	A PACEDA		ACTUAL SIGNATURE	hrgen	a ZNOC	a	м	D Assistan	MEDICAL EXAMINER	DATE	7-30	J-81
	TO MEDICAL EX. EXECUTE THE CS. TO FUNERAL DIS AFTER DEATH W BALTIMORE, MAS		EXAMINER'S NAME	Vira	inia I D	olan, M.D.	M.		III Penn Stre	et		
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23e.B	(TYPE OR PRINT)URIAL, CREMATION, R			23c. NAME OF CF			123d. LOCATION			
120	3 RP	(:	Burial		8/4/81	Mt. Au			Baltimor	e	NTY	WD
Y. A	DHMH-17	24 F	UNERAL DIRECTOR					25e. DATE	4 4 5 -4 -	RECISTRAR'S	SIGNATURE	
,,,	(VR A15 ME (5))		Wm. C.	March	F/H I	101 E. No	orth	Ave. J	UL 3 1 1981 /	name &	an /	2 Chan



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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-		CEASED NAME FIRST OR PRINT)	A	AIDDLE	L	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
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70								WAITRESS		REST	AURANT
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	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S M		ME		LAS	1
30)		OY	SHOEMAK	ER		ELLA	· · · · · · · · · · · · · · · · · · ·		DIE	
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		5850		R AS A CONSEQUE	NCE OF						13/2011/19
		Conditions, if any, which	((b)_	ACUTE	ON	CHRONIC	RE	NAL PAILL	RE		
		gove rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF				1000		
		underlying cause last.	(c)								
	_	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON			
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1	MEDICAL	216 INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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		saw the deceased alive an abave, (I) (we) (did) (did no	it) view the body				ır) apinian (death accurred an the d	ate and haur	and from the	causes stated
		226. SIGNATURE	po		14-	DEGREE	ANDINGS	MEDICAL STA		22c. DATE	SIGNED
		helper	200	or Mi)	PHY		MEDICAL STA	IAN 🗆	1.	7.01
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		GEL 1711	1000			3/110	C ()	11WF117C	18/12	MD-	21229
3		BURIAL, CREMATION, REMOVAL	236. DATE	23c. N	AME OF C	EMETERY OR CRE	MATORY	236. LOCATION	1744	COUNTY	STATE
		CREMATION	07-03-	81	LOUD	ON PARK		BALTIMOR		MAI	RYLAND
	24. FU	UNERAL DIRECTOR	KIN S	ADDRESS		21229		E REC'D. BY REGISTRAR	25h ALGISTR	AR'S AGNAT	URE ,
	H	JBBARD FUNERAL	HOME, IN		WILKE	NS AVE.	JUI	L 6 1981	more	4/1-00	and a

PALTIMONS STANDART HOSPITAL The state of the state of the second distance of the second distance

FOR

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

FIRST

- STATE

BP

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

OakLawn Cemetery

ADDRESS

Lilly & Zeiler Inc. 1700 S. Conkling St.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

MONTH

2h HOUR

HOURS

12h KIND OF BUSINESS OR

Packing-house

APPROXIMATE INTERVAL

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STATE

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Maryland

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Baltimore,

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

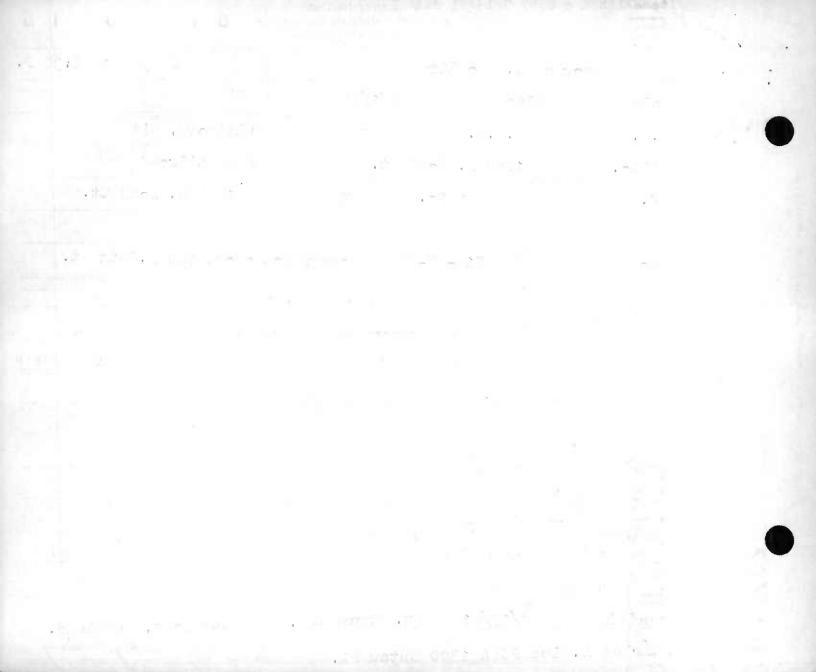
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20 DATE OF DEATH

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	I DF	REGISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO	D. MONTH DAY	YEAR 7	h HOLIP
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1	3 SE	aale	RACE Black	S. DATE C	1/08AY YEAR	6. AGE (IN YEARS LAST BIRTI	MONT YRS.		FUNDER 24 HI
100	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore city o	R COUNTY OF	DEATH	,
A PORTO		Balto.	11. NAME OF HOSPITAL, NUE	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATK	Toad:	26. KIND OF NDUSTRY	
filled in must be	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NOTHER INSTITUTION, GIVE RESIDENCE BY THE RESIDENCE BY TH		134. INSIDE CITY LIMITS? YES NO	13. STREET 2004557	. Bond	d St.	
ond 2 sh	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
Poges		VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (# YES, GN		7-5656	Robert Col	mmodore 72	SS E.20	oth S	t.
s been signed by the attendin smit. Then please remave carb prior to burial, cremation, or s any injury, or ather traumatic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause ion, stating the underlying cause last PART 2 OTHER SIGNIFICANT AUDIOUS 19a DATE OF OPERATION	DUE TO, OR AS A CONSE	OUENCE OF MULTIPLE TO DEATH BUT	MI'S	INAL DISEASE OR CONE	DITION GIVEN I	IN PART 1(0)	
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DIRECTO			/ / //	1.	ATTENDING PHYSICIAN F				1



11	1	STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
		REGISTRAR CERTIFICATE OF DEATH
		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ay be age 3 death	(),,,,,	Verna A. Moyer 7-31-81/1/150AM
a d	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ctor s of		Ferrale white 2 24 21 60 YRS MONTHS DAYS HOURS MIN.
	70 B	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
一 (連入性) 動り	1	WIDOWED DIVORCED DI Balto City MD
8	10 C	TY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FINOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (OPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
o Control	1	30 Hirosore Dowers to SIMd. Ha pital Coppliet Overetor 16 9 Tolerand
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file exemplerer/must be fire	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOLE ADMISSION) STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS // DO W. Gross Lt.
NND 2		Md Balte YES X NO 1 1213 Hight St. 21230
RYLL within	14. F	LHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST
MAR ed w	6	Carrie Clarker Bressler Carrie ackeley
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, cote be execut ysicion and co ppers. Pages 1 vol.	1	no 196-14-2939 (V Nevman) No ham transfer form
MALT Sicio pers od.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
		PART I. DEATH WAS CAUSED BY: Cardiopulmonary aprest. Iday
ON S h cer h cer or re or re	1	0384 DUE TO, OR AS A CONSEQUENCE OF
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PRE of the of th		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
by the by the second of the se		underlying couse last. (arom negative seps13
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the attending physician. After this certificate has been signed to as the burial-transit permit. Then plea the and Mental Phygiene prior to burial, and mental Rygiene prior to burial, and mental Rygiene prior to burial, and and mental Rygiene.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RDS, 3 equire equire Then I r to bu	O	cervical cord inium. Left hemioteain.
ECO Dw ramit.	1	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED
NL Re lo on.	CERTIFICATION	1-30-81 tracheostomy
NOF VITAL SSICIAN: The ing physicion centificate h unial-transit hantal Hygies ilem 18 sho.	W.	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART ?)
ON OF IYSKIA ding ph s certifi burial-ti Mental	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (If ETHER NOTIFY MEDICAL EXAMINER) P.M. 19
HYS nding his co	MEDIC	21d INJURY OCCURRED 21e PLACE OF INJURY 21I. LOCATION
IVIS IG P offer of	2	WHILE NOT WHILE AT WORK AT WORK AT WORK
NDIN Lor Use a fealth		220.1 certify that (this haspital) attended the deceased from 19 81, to 7-31 19 that (I) (we) last
TTEN priol for 6 of H		sow the deceased alive on 1-31 19 81, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (1-1-1) view the body after death.
OR A DIRECT DIRECT DOUBLE DEPT.		276 SIGNATURE DEGREE 221. DATE SIGNED
		1 Lewis MS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 17-31-81
HOSPITAL ned by th FUNERAL old be det the Store	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS
TO HOSPITAL TO HOSPITAL Setoned by the Sport with the Stort MAPORTANT:		K. Neuman University Hospital 22 S. greene ST
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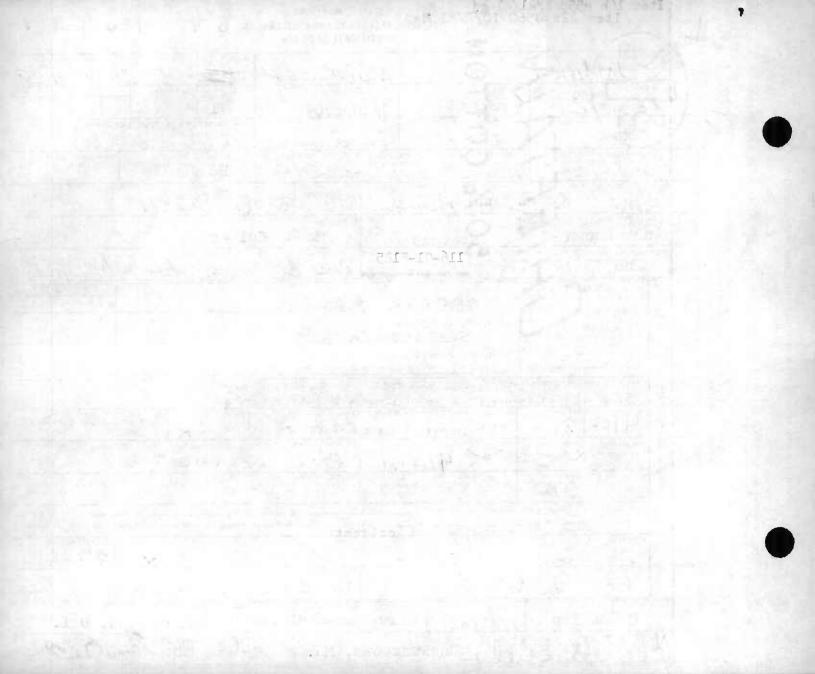
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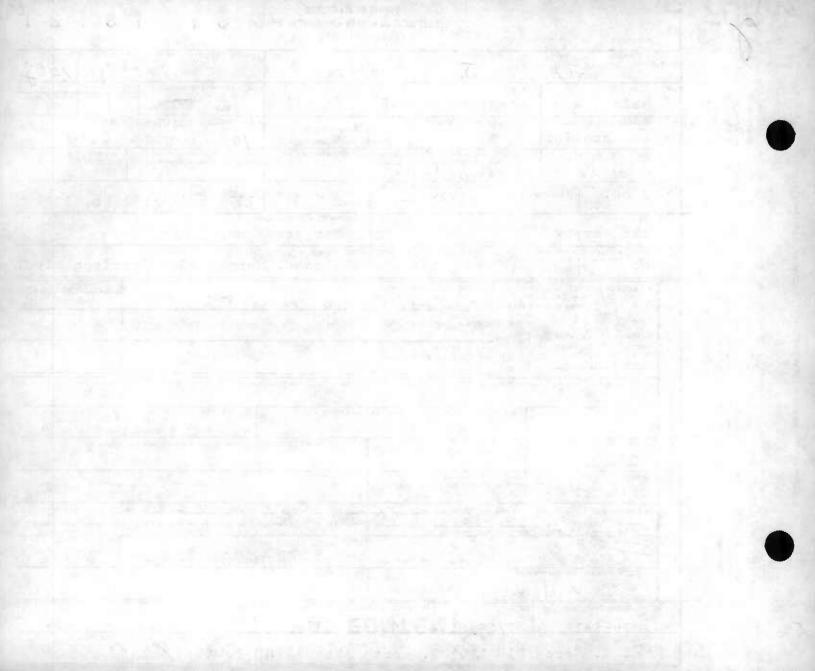
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DIVISION OF VITAL RECORDS, 201 W. PRESTON

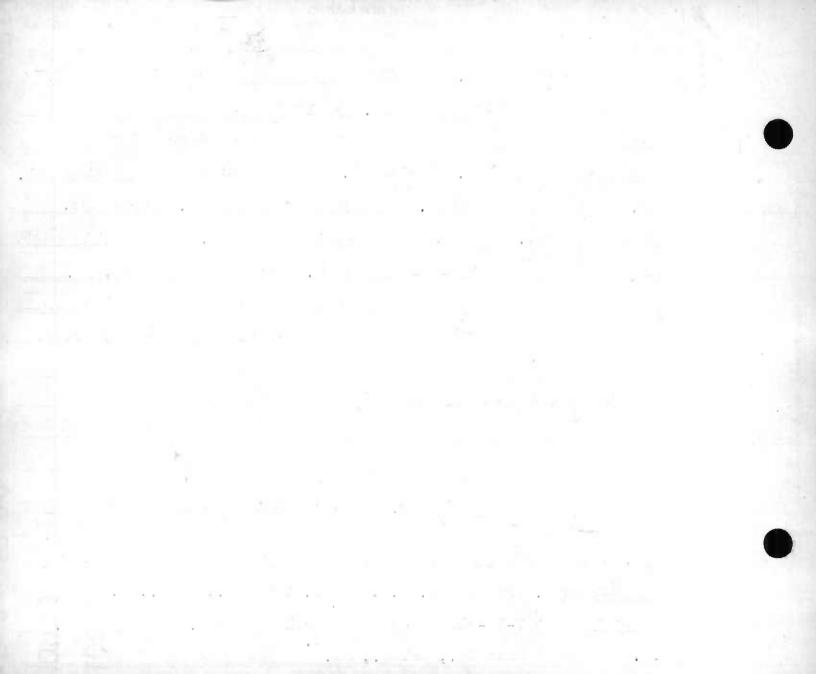
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ALE	The Cian.	haw	RTIF	Time			Thronted	YES NO		CAUSES OF DEATH?
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PHYSICIAN: The physician. In physician. This certificate ha urial-transit pern Mental Hygiene d or Item 18 sho	X					YES NO	YES 🗌	№ □
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NG Properties of the burn and N arked		214. INJURY OCCURRED WHILE NOT WHILE	21R PLACE OF INJUR		211 LOCATION	CITY OR TO	WN COUNTY	STATE
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SPIT, by the by the detail state of State		226 PHYSICIAN'S NAME	TIPE OF PRINT)	,	22R ADDRESS	S DIRECTOR L. PHYSI	LIAN []	15/01
TO HOSPITAL retained by the TO FUNERAL should be detain with the State		Dr. Henry			1934 Wilke	na Avenue	July 15/	18
sho To sho		230 BURIAL CREMATION REM		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1 1	,
BP		(SMECHY) burial	7/17/81		Park Cemeter	y Baltime	ore (ity Ma	ryland
1 - Duran so		24 FUNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR		
DHMH-16 25N (VRA 15, 4) 1/7		Ambrose Junes	al Home 1328°	Sulphur S	pring Rd.	UL 1 5 1981	Manu Ja	Marth

A PART PROPERTY OF THE PARTY OF

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23

Sr.

19

Myers-Bey

5 DATE OF BIRTH

1101 * North Ave.

MARRIED X NEVER MARRIED Baltimore City DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 13d INSIDE CITY LIMITS? 13. ITTOO Bolton St. YES X NOF 15 MOTHER'S MAIDEN NAME Polly MIDDLE Ford 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 218-03-6988 Alice Myers 1100 Bolton St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Disseminated Carcinoma DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Colon PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Intestinal Obstruction NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) June 14 July 81 and that in Ky) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING 7/1/81 PHYSICIAN | 22e ADDRESS c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimor Westview Mem. Pk

REG NO

9. BALTIMORE CITY OR COUNTY OF DEATH

2h HOUR

IF UNDER I YEAR

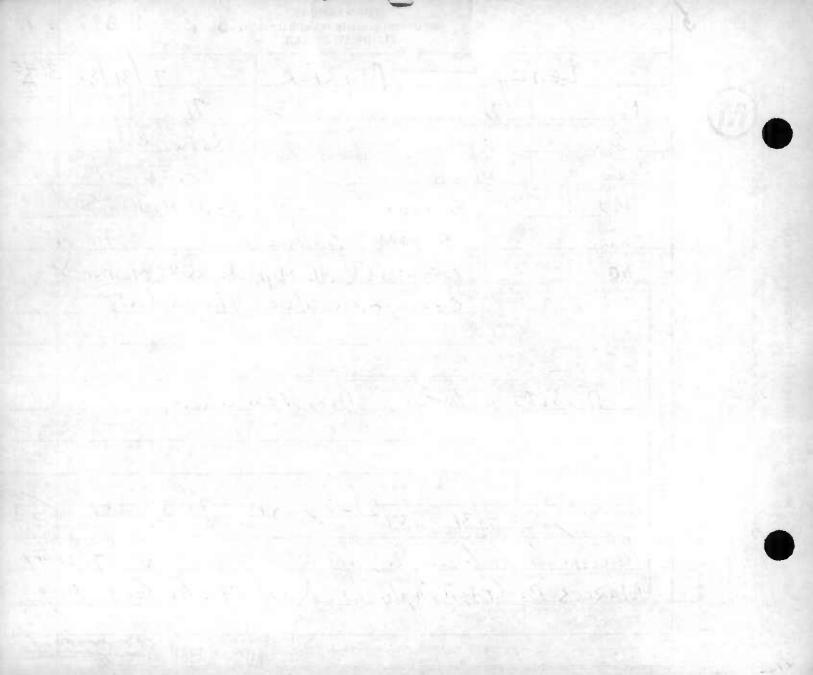
20. DATE OF DEATH

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July 1, 1981

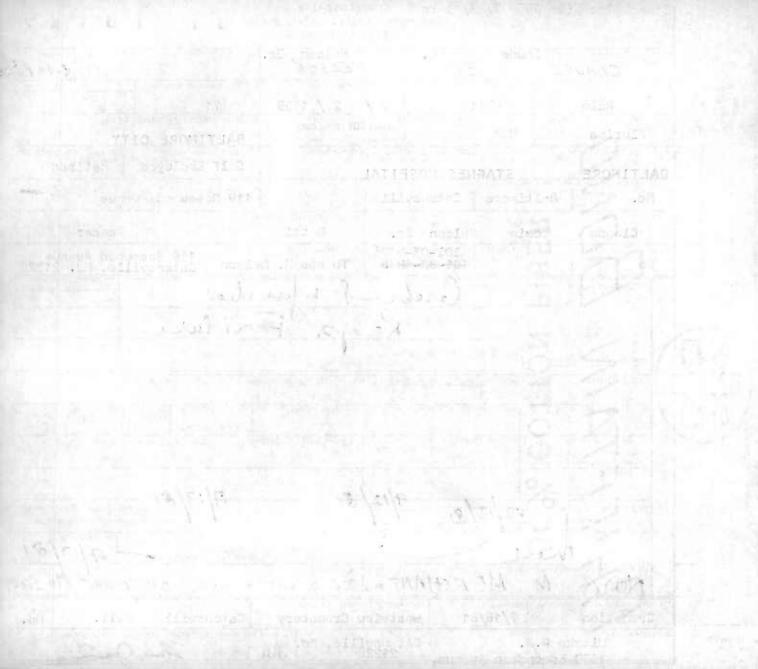
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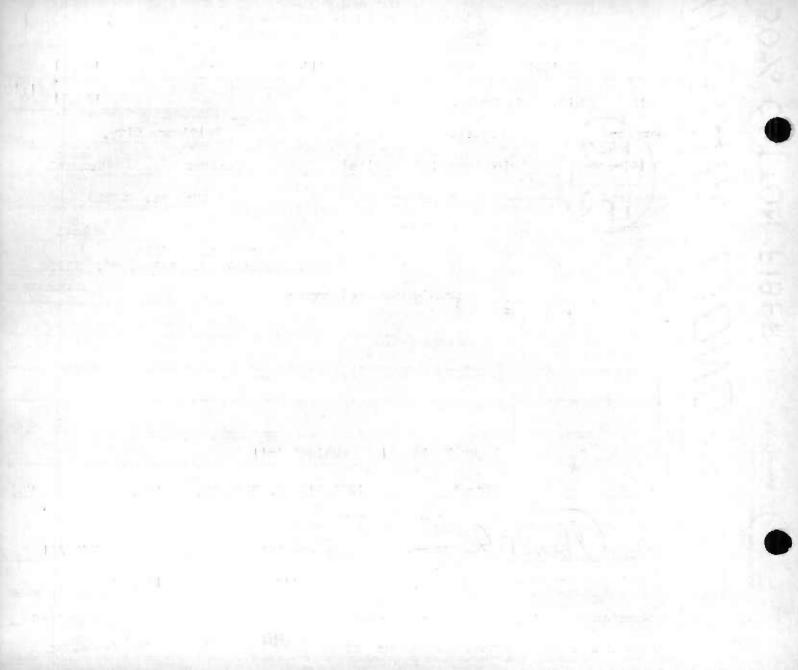
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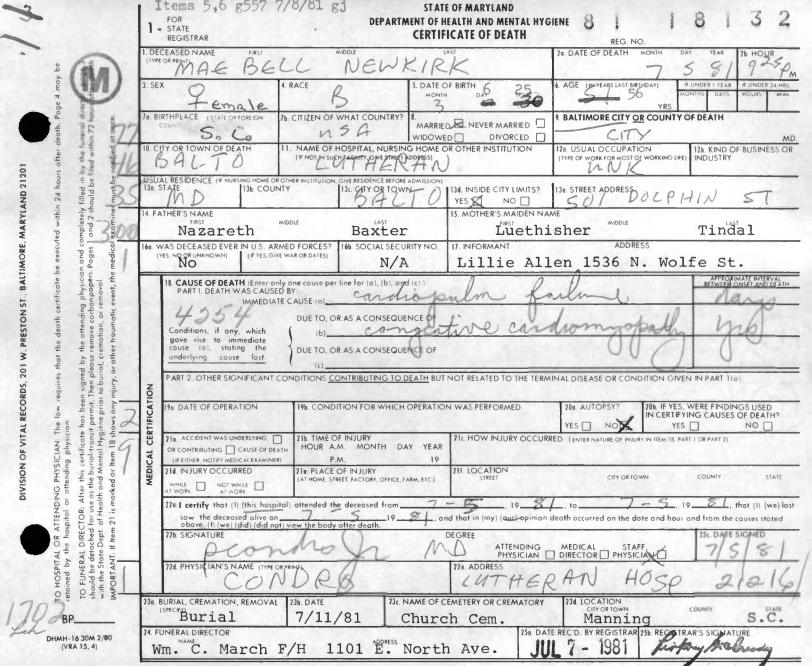


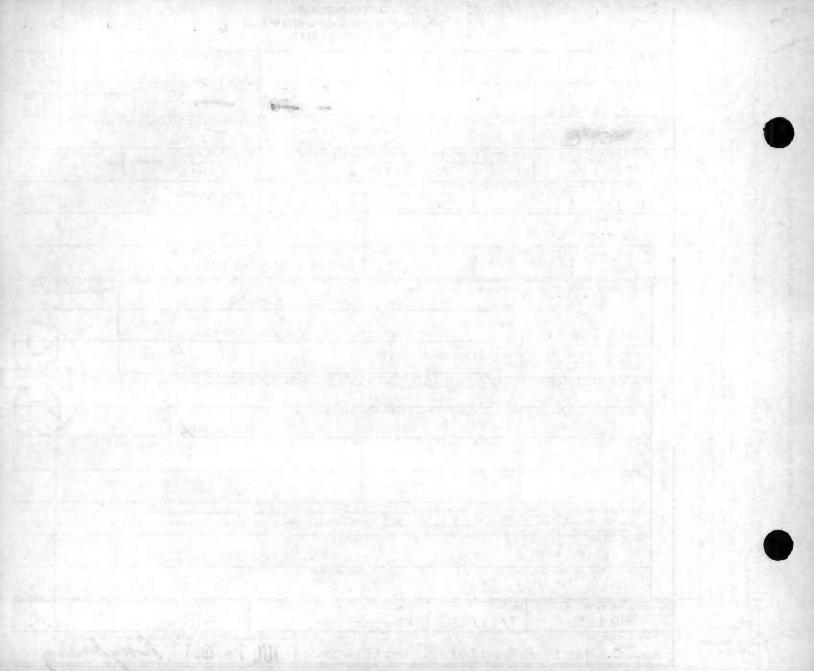
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO 1. DECEASED NAME O. DATE KNOWN X MONTH YEAR (TYPE OR PRINT) ESTI-14 1081 Dwight Neville DEATH MATED Wayne 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. P M 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1981 DEAD White 11/20/1943 Male 37 YRS M. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Baltimore City. Maryland U.S..A. DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! AGES 1, 2, AND 3 TO RM PM 3. RETAIN P 11 AND 2 SHOULD BE H V OF XUAL RECORDS Union Memorial Hospital Laborer Baltimore General USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 113b COUNTY 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland ? 27th St. 21218 YESX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, ORM PM MIDDLE LAST MIDDLE Frank Neville Leo Mabe 1 G. Abbott WITH FORM IT. PAGES 1 AND DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Jordan L. Neville (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1962 219.40.9025 7952 Wynbrook Rd., Balto, Md. 21224 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION FICATE, WRITING THE WORD "PER SE FORWARDED TO THE CHIEF M CTOR: PAGE 3 SHOULD 8E USED A H THE STATE DEPARTMENT OF HEA JAND, 21201 PRIOR TO BURIAL, C. 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XT NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING X OR subject fell MEDICAL CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 1300 street Blk MD. MARYLAND, 274 I certify that I took charge of the remains described above, held an Autopsy and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CRRITIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYJAN death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/15/81 SIGNATURE EXAMINER'S NAME Balto. MD. Thomas D. Smith. M.D. Penn St. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation 7/17/1981 Baltimore Green Mount Crematory BY REGISTRAR 25 DEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Walter Brooks Bradley Inc. Dundalk Md (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND









STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. NO.							
	DECEASED NAME	JOSEPI		ANLEY	NIEMO	CZYK		20. DATE OF DEATH	7	24	VEAR 81	26 HOUR 8: 25AM			
	3 SEX MALE		RACE WHITE		5 DATE C		3Ö ^{AR}	6. AGE IN YEARS LAST		RS.	INDER 1 YEAR				
2	MARYLAND		U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER	MARRIED XX	9 BALTIMORE CITY BALTI				8:25AM, AR IF UNDER 24 HES TS HOURS MIN ME DOF BUSINESS OR RY PE OXEMATE INTERVAL EN ONSET AND DEATH DINGS USED SES OF DEATH? NO DINGS USED			
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5	Maryland	Baltu	HER INSTITUTION GIVE RESIDENCE SEFORE ADMIS 134 CITY OR TOWN CASTWOOD			13d INSIDE (NO XX	13. STREET ADDRESS 7224 Bridgewood Driv			Drive				
-	14 FATHER'S NAME FIRST M		Niemczyk		Viola Viola					scinski		л			
2	YES YOU UNKNO		ED FORCES? WAR OR DATES)	217-24-	5850	France		Flame 7224	Brie	dgew	ood Di	rive			
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/			DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM TION FOR WHICH OPERATION WAS PERFORMED			INAL DISEASE OR CO	20b 1	F YES, W	ERE FINDIN	NGS USED					
	210 ACCIDENT	210 ACCIDENT WAS UNDERLYING 7 216 TIME OF INJ				Tale How It	JURY OCCURE	YES NOW IN CERTIFYING CAUSES OF DEATH? YES NO							
1	OR CONTRIBUTION	G CAUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR			(Elater lawloak O. I.	430M1 HA 11E1	- CO FARI	. CAPARIZI				
	21d INJURY O	CURRED NOT WHILE AT WORK	21e PLACE ({AT HOME, STR	OF INJURY BET FACTORY OFFICE F	ARM, ETC)	211. LOCATI		CITY OR	TOWN		COUNTY	STATE			

220.1 certify thor (1) (this hospital) attended the deceased from saw the deceased alive on 7-24 sow the deceased alive an above, of (we) (did) (XXXX) 22b. SIGNAT

DEGREE

and that in Xy) (our) opinion death occurred on the date and hour and from the causes stated

1-24

19. 81 thaX (we) lost

22d PHYSICIAN'S NAME ITYPE OF PRINT)

23b. DATE

23900 Loch Raven Blvd.,

221. DATE SIGNED

ANDREAS STAHELIN, M.D.

Baltimore, Md. 231 NAME OF CEMETERY OR CREMATORY

Burial

230 BURIAL, CREMATION, REMOVAL

Holy Rosary Cemetery .S. Zeiler & Son Inc. 6224 Eastern Avenue

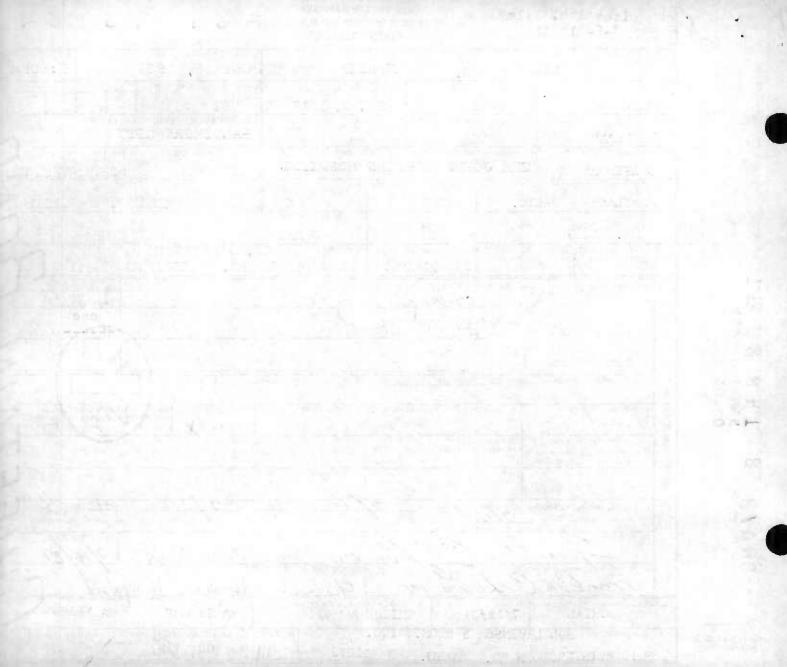
DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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		CEASED NAME FIRS		MIDDLE	i	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
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O (2)	3 SE	×	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	FUNDER I YEAR	IF UNDER 24 HRS
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withi withi	14 F/	ATHER'S NAME	MIDDLE	LAST	1	15. MOTHER'S MAIDEN NA	ME		LAS	
MA sed)	DR. ELLIS		NORDIN		SARAH			COHEN	
IMORE n and on Pages	16a. \	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? S. GIVE WAR OR DATES)	213-01-5		17. INFORMANT MR 132 HAMPSHIR	S. RUTH TWO E RD. ES	RĐIN SEX, MI	2122	1
BALT ord by sicro opers		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane cause pe	r line for (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL
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thorthe thorthe operation of the remain of t		couse (a), stating the	DUE TO. C	DR AS A CONSEQUE	NCE OF					0
RDS, 20	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	31
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. NG PHYSIGIAN: The low requires that the death certificate be executed within 24 hours after this certificate. M Been 30 feet by the ordering physician and completely filled in by the order this certificate in By any 1. The professe genove corbon papers. Pages 1 and 2 should be filled to an Amental Hygield, prior to build, a remotion, or removal. In and Amental Hygield, prior to but not contract the medical examined must be not seed or them 18 shows any injury, or other traumatic event, the medical examined must be not seed or them.	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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(VRA 15, 4)		6010 REISTERS	STOWN RD	BALTO.,	MD 3	21215	L 2 3 1981	home	Janto	astlen



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11	It	em #5%6 Film G557 7/16/81 rc STATE OF MARYLAND
1	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 8 5 6
16	,	REGISTRAR CERTIFICATE OF DEATH
- /	I. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY FEAR 26 HOUR
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BALTIMORE, cote be executivation and copers. Pages 1 wol.		NO 212-32-2960-A. MARgaret + Charles Wells 3715 Lockhem Dr.
		18 CAUSE OF DEATH Enter only one couse per line fai (a), (b), and (c) PART I. DEATH WAS CAUSED BY
PRESTON ST., he death certif he attending pl emaion, or rem	1	14994 IMMEDIATE CAUSE 101 Cardiac Arrest 10m nutes
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VISION 3 PHYS er this the bu ond M ked or	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
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ENDING ol or ol or use os Heolth	19	220.1 certify that (1) this haspital attended the deceased from 6 3 19 8 to 12 19 8 that (1) we) lost sow the deceased plive on 7 12 19 8 that (1) we) lost
ATTEN ospital ECTOR d for us		above Tywe) (filed idd not view the body after death.
FAL OR AT y the hosp RAL DIREC: detoched f ore Dept.		226 DEGREE ATTENDING MEDICAL STAFF 221. DATE SIGNED
HOSPITAL need by th FUNERAL Jid be det rithe Stote	-	PHYSICIAN DIRECTOR PHYSICIAN ///2/8/
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× 0 00	23a E	SURIAL CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 230 OCCATION SPECIFY BURIAGE TO THE STATE STATE
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ADDRESS BALTIMORE, MD.

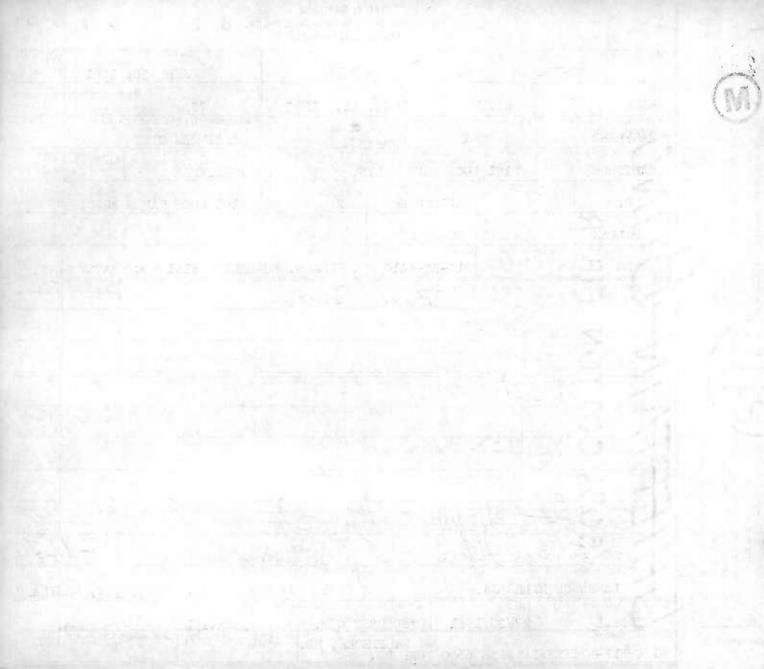
THE PERHAPS SIGNATURES CO.

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME 6500 YORK RD.

DHMH-16 30M 2/80

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWN KK MONTH 20. DATE DAY 2h HOUR (TIME CHARRY) ESTI-NUTT, JR. S. DEATH MATED 7-20-81 JOSEPH 4 RACE S. DATE OF BIRTH 6. AGE LIN YEARS IF UNDER 1 YR. IE UNDER 24 HRS 2 H3US DATE YEAR LAST BIRTHDAY) PRONOUNCED 7-20-81 DEAD aM male black TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY University Hospital Baltimore MAL HE SIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30/3 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 19m DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES XX NO E3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH UNDERLYING XXOR 7-20-81 subject shot during altercation CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 3000 Herbert St. street Baltimore, Maryland TO MEN.
EXECUTE THE CO.
TO FUNERAL DIRECTOR P.
TO FUNERAL DIRECTOR P.
AFTER DEATH WITH THE ST
#ALTIMORE, MARYLAND. Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Inquiry ond in my opinion Hamicide XX death resulted from: Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL SIGNED 7-20-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. (TYPE OR PRINT) 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH-17 VR A15 ME (5) 15M 2/90

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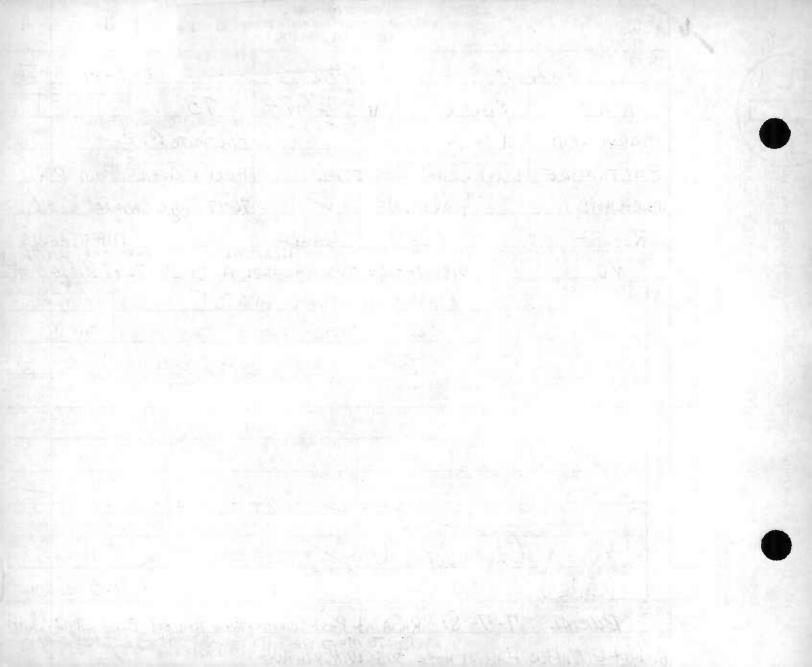
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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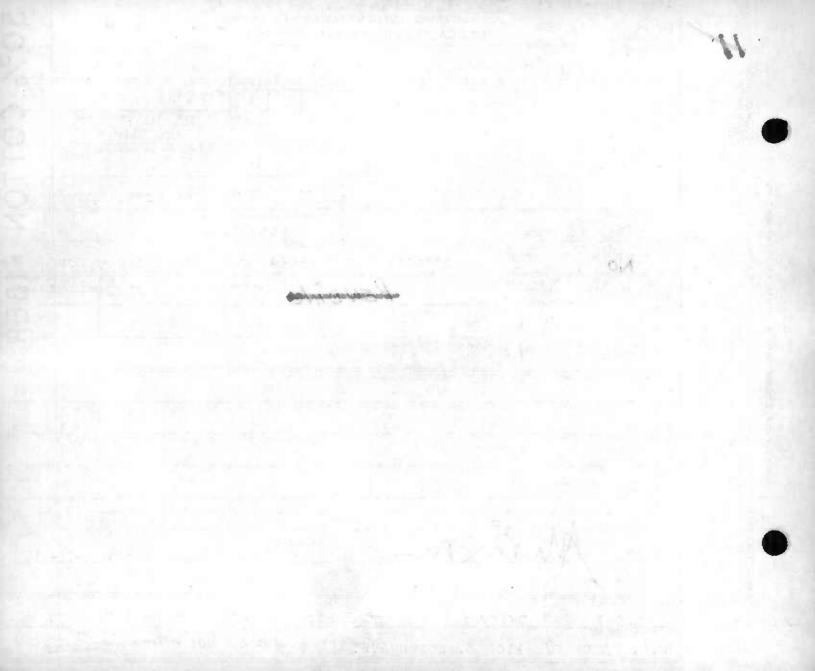
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L	X	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE R 1	18144
10		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 0 1 1 1
	1.0	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	20.1100K
1	1	6:16	ERT A.	Oden		7-3-81 5:45A
[品度	3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	
San A	L	MALE	BLACK	11 6 1907	73	YRS. MONTHS DAYS HOURS MIN
1	30	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR CO	DUNTY OF DEATH
32	5	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	iTy M
2/1	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	7 125 KIND OF BUSINESS OF
120	0	SALTIMORE	LUTHERIAN	HOSPETAL	Truck-DRIVE	R Penn. R.R.
5	13	UAL RESIDENCE (IF NURSING HOME 1. STATE 131 COL	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	10
-52	N/	MULLAND	A A HARM	DNS YES NO D	-7647 Ridge	CHAPEL KORD
A.	Æ	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	IAME MIDDLE	IAST
28	1	Kohent	0 DI	IN LAURA		MATTHEWS
dico) 160	. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SI	CURITY NO. 17 INFORMANT HAR	mons, ADDRESS	MARYLAND 21076
e e		NO	218-07	-3509 IMAS RACHIO	HEL A. DIDEN	7647 Kidge Chap
oval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b),		00000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			ATE CAUSE (0) CHR	DIO PULMONAMY F	4161621	Minute
on, or		1319	DUE TO, OR AS A CONSE	DUENCE OF COOP	A A	DAVC
pront		Conditions, if any, which gove rise to immediate	(b)	B HEPATIC CO	11.17	Shud 7
ather a		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	ASTAC CARCIO	OM A (METAST	mil)
0 70			((c)			/
o bur	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
prior any ir	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20t	. IF YES, WERE FINDINGS USED
ows o	Z \frac{1}{2}		A POINT STEE			CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Hygie 18 sho	1 8	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED LENTER NATURE OF INJURY IN I	
Mentol I	4	OR CONTRIBUTING TO CAUSE OF B		DAY YEAR		
-	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
e d	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
eolth o			pital) attended the deceased from	19 8	10 73	, 19 , that (I) (we) lo
of H 21 is		spw the deceased alive a	on	, and that in (my) (our) apinio	n death accurred on the date o	nd hour and from the causes stated
ept.		THE SIONATURE	ion view the body offer decth.	DEGREE		224. DATE STONED
T: If		Laury	- L. IMK	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	713/11
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with the Stat		BARRY)	A. WOHL	- LUTHERAN) HOSPITAL,	Rusto, Mo.
3 3 1	231	BURIAL, CREMATION, REMOVA	L 23b. DATE 2:	C. NAME OF CEMETERY OR CREMATORY		
		(SPECIFY) BURIAL	7-7-81	0 . 10 . 0 1	eny Anné Arundel	County MARVIAA
1/76	24	FUNERAL DIRECTOR	ADDOCTOR		ATE REC'D. BY REGISTRAR HIL	CASBLARS MORNING
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/	1	FOR	D	EPARTMENT OF HEA	TH AND MENTAL	HYGIENE	8 1 4 5
	-	STATE REGISTRAR	MED	ICAL EXAMINER'	CERTIFICATE	OF DEATH REG. NO.	
		CEASED NAME FIRST	2	MIDDLE	LAST	20. DATE KNOWN X MOI	VIH DAY YEAR 26. HOL
	(JAb	E OR PRINT)	Y) JEMMI	E L. ODOM (ODEM)	OF ESTI-	7 9 19 81
	3. SE)	4. RACE	5. DATE OF BIRTH		UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MON	TH DAY YEAR 24 HOL
ı		ale negro	9-6-48	32 YRS.	JATO HOOKS	DEAD	7 9 ₁₉ 81 2p ²
I	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	RRIED NEVER MAR	PIED 9. BALTIMORE CITY OR CO	
1		Ga.	USA		OWED DIVOR		У
7		TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WO	
		Baltimore IL RESIDENCE (# IN NURSING MOME		Home Hospital		Land Maria	
	13a S			13c. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	6725 Townbrool	k Drive
12	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME MIDDLE	LAST
	1		dom			ie Lewis	
5	16a. V (Y	VAS DECEASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
-		NO		260-70-458	5 Mattie	Odom 410 Shir	ley Road
		18 CAUSE OF DEATH (Enter a	nly one couse per line f	far (a), (b), and (c).)	42	THE THE PARTY OF T	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	ED BY: ATE CAUSE (0)	+EI	V-D-ING	INTRAVENOUS NARCO	TIO
		3049 IMMEDIA		AS A CONSEQUENCE OF			
		Canditions, if any, which					7 08
	-	gave rise to immediate	e (b)				
		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR A	AS A CONSEQUENCE OF			
-1		3/30	(c)				
1		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DI	EASE OR CONDITION GIVEN IN P	ART 1:0.	
	N						
H	ATI	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		IZD AUTOPSY?
П	FIC						
4	FET	710 EXTERNAL CAUSE WAS	21b. TIME OF	IN II IPV I as	HOW IN IURY OCCUPA	CFD CONTROLLED OF CONTROL	YES X NO
2	MEDICAL CERTIFICATION	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	. HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM 18 PART I C	M PART 2]
4	DIC	CONTRIBUTING CAUSE OF		FINJURY (ATHOME, 211	LOCATION		
	ME	WHILE NOT WHILE AT WORK		DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that I taak char	ge of the remains desc	ribed abave, held an A	topsy X Inspecto	an , Inquiry , and in m	y apinian
			V	Accident , Suicide	Hamicide .	Undetermined manner .	
		/A A		Accident, Suicide		ondetermined monner	
		ACTUAL ///	1 NAN	- 1/	TITLE (SPECIFY)	DA	ATE 7 10 01
-		SIGNATURE	CIVIX	1	M.D. Assista	MEDICAL EXAMINER SI	3NED 7-10-81
2	87	EXAMINER'S NAME Ar	nn M. Dixor	n. M.D.	11	1 Penn St.	
-	23a B	JRIAL, CREMATION, REMOVAL		123c NAME OF CEMETER	ADDRESS		
	(5	PECIFY)				23d LOCATION CITYOR TOWN	County, Md
	24 51	Burial	7/18/81	Garden C	of Eternal		
			ADDRESS	. NORTH AVE	Se. DA	JEC'D BY REGISTRAR 256 TEGISTRAN	Jan Hastle
	W	.C. MARCH F/	H 1101 E	. NORTH AVE	. /	- 512 006.	
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ELLICOTT CITY, MD 21043,

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

CONSTRUCTION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

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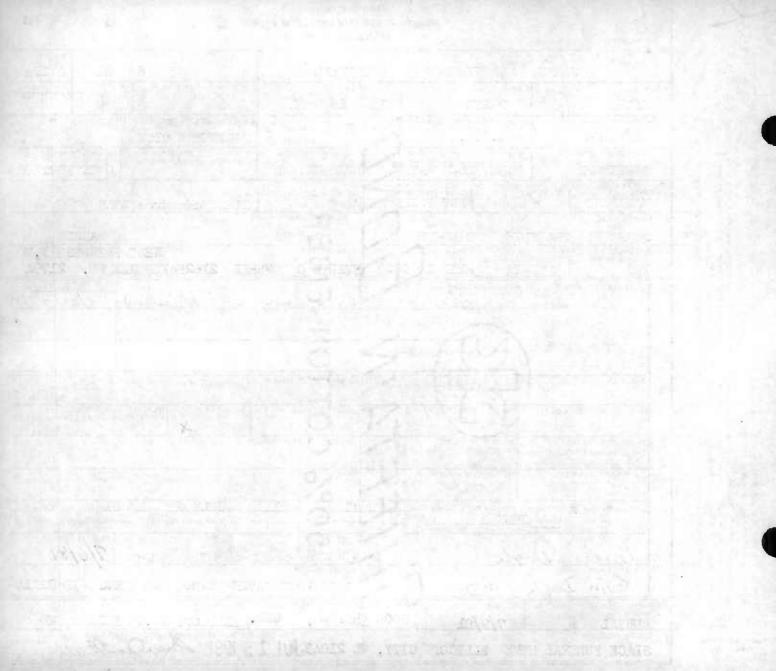
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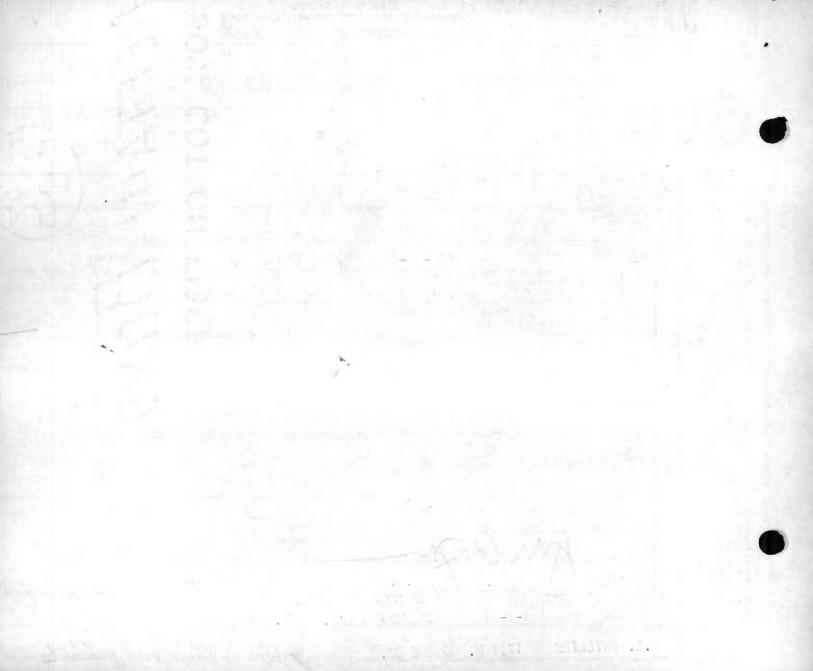
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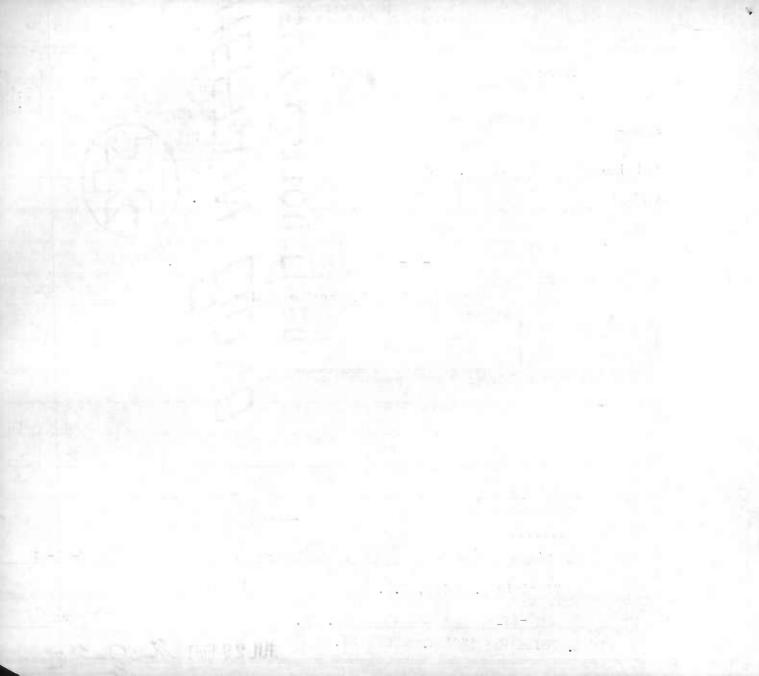
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR NEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (IYPE OR PRINT) CALVIN OLIPHANT OLIPHANT DEATH MATED 7 TO DEATH M	28 19 81 M DAY YEAR 24 HOUR 28 19 81 4:55 D M NTY OF DEATH
CALVIN CALVIN OLIPHANT OF ESTI- DEATH MATED 7 CALVIN OLIPHANT OF ESTI- DEATH MATED 7 OF MOST	28 19 81 M DAY YEAR 24 HOUR 28 19 81 4:55 D M NTY OF DEATH TY MD.
I. SEX 4 RACE S. DATE OF BIRTH MONTH DAY 4 9 30 6. AGE (IN YEARS LAST BIRTHDAY) TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) SOUTH Carolina 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE (ITY LIMITS? YES X. HOURS MONTHS DAYS HOURS MIN: PRONOUNCED DEAD 7 8 MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTRY BALTIMORE 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NURSE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE (ITY LIMITS? YES X. NO 1 30.26 ROSALIND AVE 115. MOTHER'S MAINE	28 19 81 4:55 28 19 81 4:55 D M NTY OF DEATH Ty MD. * 1125 KIND OF BUSINESS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SOUTH Carolina US **MARRIED NEVER MARRIED SHATTIMORE CITY OR COUNTRY WIDOWED DIVORCED Baltimore City or Country WIDOWED DIVORCED Baltimore City or Country **Baltimore South Carolina 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1700 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) **Baltimore South Carolina 1700 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) **WIDOWED 1700 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) **WIND USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) **JANUARY LAND 136. COUNTY 136. STREET ADDRESS 3026 ROSALIND AVE **JANUARY LAND 136. COUNTY 136. STREET ADDRESS 3026 ROSALIND AVE **JANUARY LAND 136. COUNTY 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME **JANUARY LAND 136. MOTHER'S MAIDEN NAME 136. MOTHER WORK NAME 136. MOTHER WORK NAME **JANUARY LAND 136. MOTHER WORK NAME 136. MOTHER	NTY OF DEATH TY MD. * 1176 KIND OF BUSINESS
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USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JARRY LAND 136. COUNTY BALTIMORE 136. STREET ADDRESS 3026 ROSALIND AVE	
14 FATHER'S MAME	£.
HORACE SETTES FIRST LITAN MIDDLE	OLIPHANT
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, 1025 NIKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 251-36-5221 LTLLTAN BLAND NEW Y	/ORK
Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (b)	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOLDS AM MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN HEM 18 PART LORE)	28 19 81 M DAY YEAR 24 HOUB 28 19 81 4:55 TY OF DEATH Y MD. 175 KIND OF BUSINESS OR INDUSTRY DLIPHANT DRK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO M PRICE NO MET AND DEATH STATE PINION PLAST NO M STATE
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION	
deoth resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME AND M. D. I YOR M. D. TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME AND M. D. I YOR M. D. THE CONTROL OF THE MEDICAL EXAMINER SIGNATURE SIGNATUR	
PART (TYPE OR PRINT)	OUNTY STATE
HAMH-17 ALIS ME (5)) 5M 2780 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S AUG 3 1981 Result Aug 3 1981	S SIGNATURE





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y be	(TYP	CEASED NAME DIEGO	de la Paz	ORTIZ	7-1-81	26. HOUR 3 TO PM
age 4 mo	3. SE	MALE	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. P	P	VERTO RICO	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	ty MD.
201 urs offer	1	BALTO CITY	(IF NOT IN SUCH FACILITY, GIVE STREET A	Balto General	TYPES WORK FOR MOST OF WORKING LIFE U.S. Customs	126 KIND OF BUSINESS OR INDUSTRY Federal Govt
in 24 hours y med in the	130	NAL RESIDENCE (IF NURSING HOME OF OTHE STATE 136 UNITY A . A	13c. CITY OR TOWN	yn 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 104 Bon Air	Ave.
completel	0	Julian	Ortiz	15. MOTHER'S MAIDEN NA. Josefa	MIDDLE	andoval
be exect on and or see the exect of the seed or seed o	160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W Yes		7158 Eugenia R		13 e
RDS, 201 W. PRESTON ST., BAI equires that the death certificate signed by the attending physici Then please remove carbon poper the buriel, cremotion, or removal njury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSED E Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	Stem INFA	thethin,	EN IN PART 1(0)
TAI RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	DPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
DE VII	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2}
DIVISION C ING PHYSIC r attending After this cer as the burie lith and Meni	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
PIN R ATTENDING hospital or att IRECTOR. After held for use as the ept of Heoth a		22a.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v	7-1-		death occurred on the date and hou	
0 0 0 0 0		22d. PHYSICIAN'S NAME (TYPE OR PH	K Wattern	DEGREE ATTENDING PHYSICIAN [1] 120. ADDRESS	MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the Store IMPORTANT.	230.	ASHOK I	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	BACIL, GO	V. HOSPITAL
Feb BP		(SPECIFY) Burial	7/6/81 Na	tional Cemetery	y Bayamon, Pu	erto Rico
DHMH-16 30M 2/80 (VRA 15, 4)	Ge	eorge J. Gonce	4001 Ritchie	Hgwy	UL 8 1981 Than	u Ja Marthe

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		- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
Watawa	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN IN MONTH DAY (TYPE OR PRINT) OF ESTI- 7 3 0 93											2b. HOUR		
PLEAS PECTON R FLUE HOUR STREET	1.3	(4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UN		IF UNDER	24 HRS. 2c.	DATE	MONTH	MONTH DAY YEAR	
A VOU					00		-			0.0			19	ja ja
题或83	FO	REIGN COUNTRY)	TATE OR			NIKY?				ED -C-A-		_		MD
3	Ba	1timore	9	Baltimor	e Ci	ty Hosp	ital			FOR MOST	OF WORKING LIFE)		OR INDUST	ISINESS
AND 3 RETAIN HOULD RECORD	DECEMBENT PRARY PRESTON STEM (SACE SACE SACE													
EATH. IF ES 1, 2, A PM 3.	14. FA	FIRST		WIDDLE	Uı	ıksı nknown		FI	IRST	NAME			Otey	
S AFTER DEA GIVE PAGES TITH FORM P PAGES I AN IVISION OF	(Y	ES, NO, OR UNKNO	D EVER IN U.S. AF							Selden	6338 F	ss almer ol Heig	Highway hts, Ma	ryland
RECORDS, 201 W. PRESTON D. B. EXECUTED WITHIN 24 F PENDING" IN PENCIL IN 1TEM MEDICAL EXAMINER ALON D. AS A BURIAL - TRANSIT PER EALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL	Z	gave ris cause (a) lying cau	se to immediate stating the <u>under</u> se last.	(b)	scalo AS A COM	ding NSEQUENCE C)F	OR CONDITION	N GIVEN IN PAR	RT 1 (o).				
SHOULD BORD "PEN CHIEF ME E USED AS TOF HEAL	IFICATIO	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?				20 AUTOPSY	NO [
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LEXAMINER: 1 HE CERTIFICATE, OULD BE FORV AL DIRECTOR: H. WITHE SI, MARYLAND.	0	death result			Accident	IV V	cide 🗌	, Hamic	PECIFY)	Undeterm	ned manner	DATE	7_12_	8 1
MEDICA ECUTE THE GE E SH SENERA TER DEAT	-	EXAMINER'S	NAME Ma.	rgarita A.	Kor	ell,M.D						SIGNE		
	23a.B									CITY OR TO	NWO			ATE MD
BP DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECT	TOR POLL	INS FUNE 339 HUNT	PLACE	IOME, I	NC.		250. DATE F	REC'D. BY REC	ndover Gistrar 235 RE	GISTRAR'S SI	e Georg	es HD
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

edition place lens sylvania _____ M.1.A. ____ Mensylvanial tory of for a series of the se Standard Arameia Ott Misigram, Agostylaid ------ 191-12-1097 St. Wohede Church 7 3, wolfe Street 21231

Object Funeral Homes Inc. 3 (10) The Miles I

AND THE RESERVE OF THE PARTY OF

+ STATE

RECRISTRAR

9 BALTIMORE CITY OR COUNTY OF DEATH Produce Buyer Cannery Greenwood Rd. LUTZ 112 Homewood Rd. 21090 Mr. Elmer H. Owens, Jr., APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DAJE SIGNE CERTIFICATION APPROVED BY MEDICAL EXPLAINER PHYSICIAN DIRECTOR PHYSICIAN Baltimore, MD. 24. FUNERAL DIRECT Glen Burnie 250 DATE REC'D BY REGISTRAR 256 GISTRAPS DHMH - 16 50M 1/B1 (VRA 15. 4) MD. Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

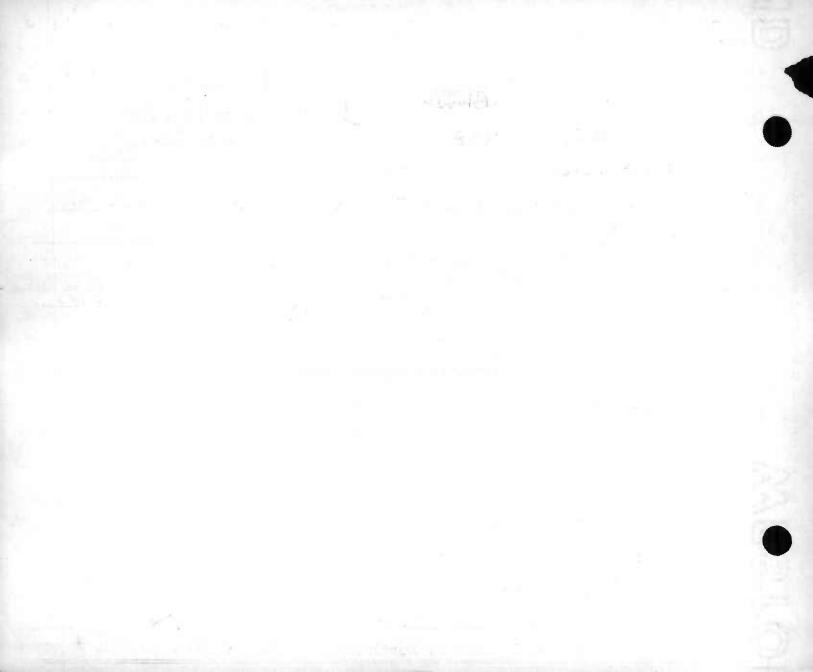
CERTIFICATE OF DEATH

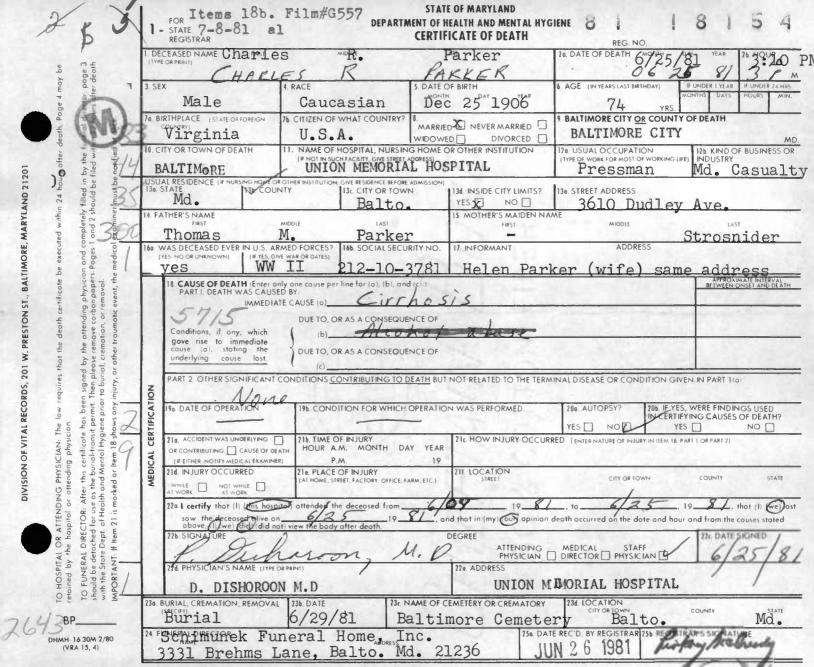
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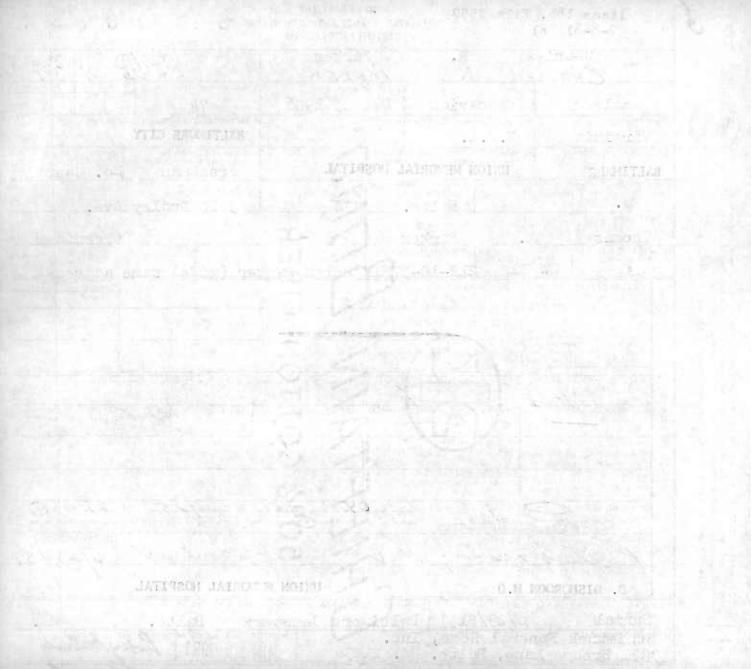
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IF UNDER 1 YEAR

26







5 1	FOR STATE REGISTRAR DECEASED NAM	G557 7/13		DICAL EXA	OF HEALT			ATH '	REG. NO		DAY YEAR	ль ноч
	(TYPE OR PRINT)	Cynthi	ia	S.	F	Parker		OF	MATED		11 1981	1000
3. 1	SEX Female	4. RACE	Dec.26,1	956 6. AGI	(IN YEARS IF U	-	UNDER 24 HRS	2c. DATE PRONOUN DEAD	CED	MONTH 6	DAY YEAR	24 HOUR 10:3
70	BIRTHPLACE (S FOREIGN COUNTRY) New Orle	TATE OR	76. CITIZEN OF WE		1.	RIED NEVER		9. BALTIMO	_	_	ITY OF DEATH	MD
2 8	CITY OR TOWN	е	Sinai Ho	CILITY, GIVE STREET AD	DRESS)	HER INSTITUTIO	N 12a. U	SUAL OCCUP Housew	ATION ITYPE		126. KIND OF B OR INDUS	BUSINESS
	SUAL RESIDENCE STATE Md.	(IF IN NURSING HOME OR	other institution, gr	13 CITY OR TO OWINGS		13d INSIDE CITY I	LIMITS? 13e ST	7 Ston	emark	Cour	rt	
14.	Salvac		MIDDLE	Scaglion	e	Ann		^E	ibbs		LAST	
160	YES, NO, OR UNKNO	D EVER IN U.S. ARMI		002-46		Mr. Jo	hn D. I	Parker	Owin		Mills, 1	Ma.
	gave ri couse (o lying cou	ons, if any, which ise to immediate) stating the <u>under-</u>	(b)	AS A CONSEQUE	ENCE OF	nuerys	n of th	ne lef	t mid	dle	cerebra	al
	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	WAS PERFORME	D?				20 AUTOPS	
		AL CAUSE WAS G OR ING CAUSE OF DE		. MONTH DAY	YEAR	OW INJURY O	CCURRED (ENTE	R NATURE OF INJU	PRY IN ITEM 18 P	PART 1 OR PA	YES X	NO []
1	CONTRIBUTI 21d INJURY C WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY AT HI TORY, FARM, ETC.)	OME, 21f. LC	OCATION STREET		CITY OR TOW	N	Ç	YTHUC	STATE
	220. I certi death result ACTUAL SIGNATURE.	ify that I took charge led from: Natura	of the remoins des	Accident ,	Suicide	, Homicide		Inquiry etermined mo	nner .	d in my o	6/1	1/81
	EXAMINER'S (TYPE OR PRI		ginia L.			ADDRESS			Balto.	, MD).	
23	G.BURIAL, CREMA Cremati	on 23	June 16,8			or crematory emorial	Ci		imore	-	•	STATE
24	FUNERAL DIREC		me Rélist		1/1 0/	25a	JUN 1 3	BY REGISTRAF	25h BE-1	STRAR'S	AND THE A	

affile method Triol Streetonos ? 990150906 non- Caron Der John D. Praker Caron Malley Mt.

BOAT E.T.

No. 1 September 2 Control

Introduction . June 16, 61 Yearston Secretar Plane lument fore Baletanitonn, W. 21130

name

CHAS. A. RICE FSPA 1300 Eutaw Pl.

(VRA 15 (4))

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FOR

STATE OF MARYLAND	100
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	5
IAST I 2- F	ATEC

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
		IST .	MIDDLE		LAST			YEAR	2b. HOUR
	WIL	LIAM H	NOTIC	PA	RR	7/14	181		10:40 PM
1.5E		4 RACE			DAY WEAR	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
	Male	Whit	te		22, 1893	88	YRS.	Jan	MIN.
		ON 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
		US	Α			BALTIMOR	E CITY		MD
37.0	TY OR TOWN OF DEATH					(TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
130. 5	TATE 13b		13c. CITY OR TOWI	N	13d. INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS	Lane	212	210
14 FA	FIRST	MIDDLE	Parr	5.6	FIRST	WE			
	AS DECEASED EVER IN U			RITY NO.	17 INFORMANT	ADDRE	SS	0.000	J.0.
(NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	215 10	1558	Katherine V	V. Parr		Same	
	18. CAUSE OF DEATH (E	nter only one couse per	line for (a), (b), and	d (c))				RETWEEN	IMATE INTERVAL ONSET AND DEATH
			RESPIR	ATOR	Y FAILURE	E + HYPOX	AA	31	DAYS
z	ASED NAME FIRST MODIE LAST TO DATE OF DEATH MODITY	OIT ION GIVE	N IN PART 10	01					
FICATIO	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DA		21c HOW INJURY OCCURR				NO []
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME, STE		ARM, ETC)		CITY OR TOV	٧N	COUNTY	STATE
DECEASE NAME									
10	Vin cen	TA.D	in Prete	0	ATTENDING PHYSICIAN			7/	14/81
	. 1	- 4	PIETRO			RSITY PARKW	AY		
23a. E	URIAL, CREMATION, REM					CITY OR TOWN		COUNTY	NAC
	Dunial	7/17	/01 0	+411 F	2and Camata	out Still D	and		MAC

DHMH-16 30M 2/80 (VRA 15, 4)

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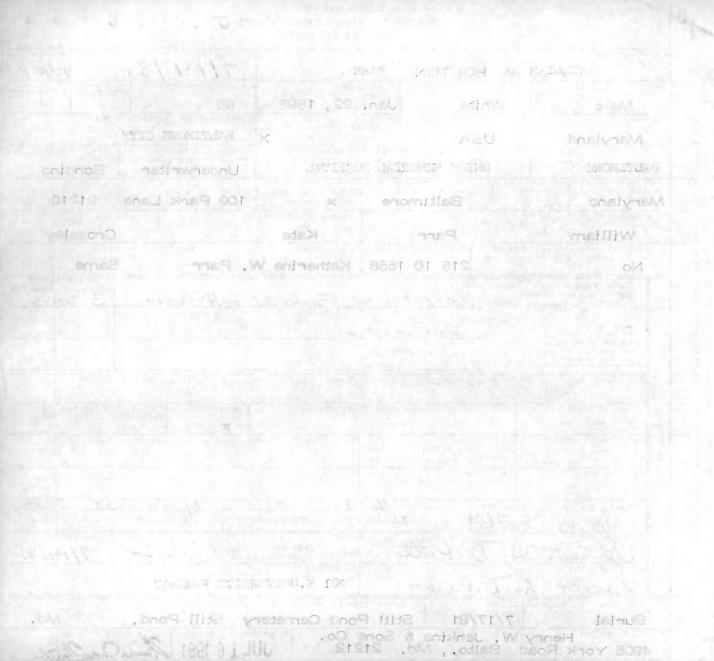
MPORTANT: If Item 21 is marked or Item 18 shows ony

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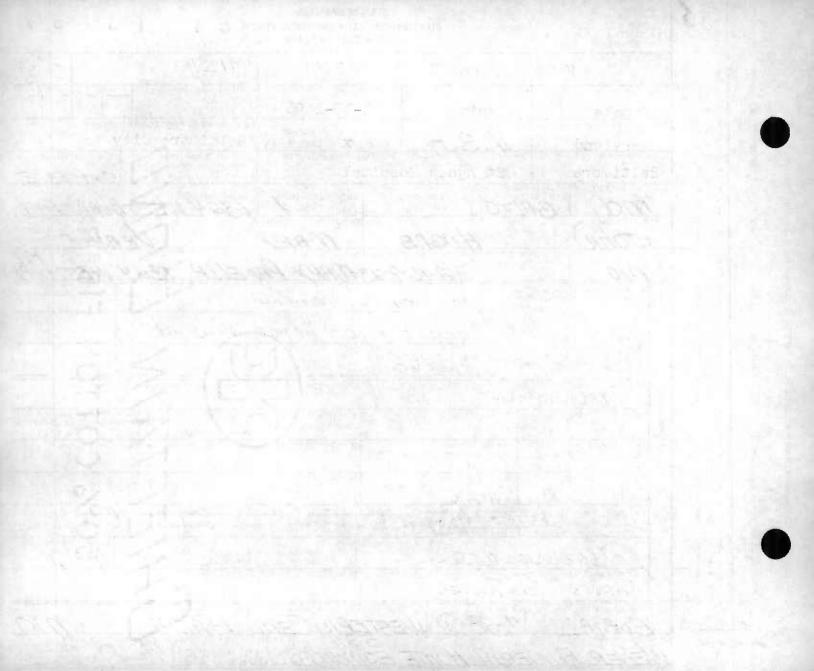
^{24 FUNERAL DIRECTOR} Henry W. Jenkins & 4905 York Road Balto., Md. Sons Co. 21212 netery Still Pond,

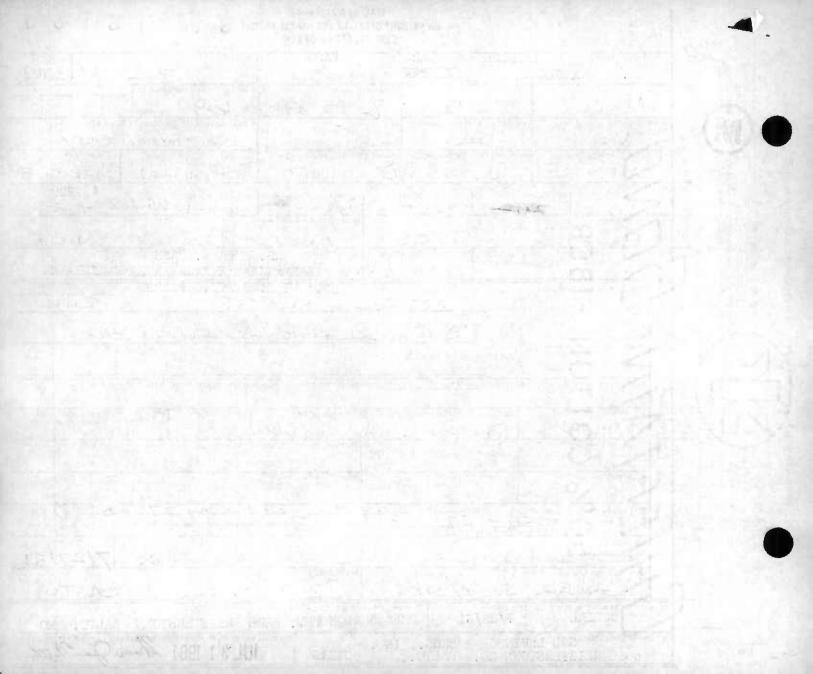
150 Date Rec'd. By Registrar His Registrar's Signature

JUL 1 6 1981



(3)	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S REG. NO.						
3 24		EASED NAME FIRST MARY	EMILY	PARRISH	20. DATE OF DEATH				
To the same of	3 SEX	female	white	5. DATE OF BIRTH 1-13-1896	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER TYEAR IF UNDER A MONTHS. DAYS HOURS A			
(Mike	BIR C		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Baltimore City of Baltimor	e City			
10 1/0	Ba	altimore	St Agnes Ho		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C				
tilled in hould be	13a. S1	my Count	THER INSTITUTION GIVE RESIDENCE BEFORE 13.C. CITY OR TOW	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	VISTBURN RO			
p d 030	14. FAT	JOhn)	HUBLE	15. MOTHER'S MAIDEN NA	MIDDLE	VERSLEV			
on and co		AS DECEASED EVER IN U.S. ARM IS, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRI ADDRIA	1324 WESTE			
physicic mpapers mavol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE			9	APPROXIMATE INTERVA BETWEEN ONSET AND DE			
teath cer trending ve carbo ian, ar re numatic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	STIVE HEADT	PAILLU	re			
by the a ase remail, cremat		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE						
equires 1 in signed Then ple r to burio	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	<u>DEATH</u> BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)			
The low rician. Ite has bee nsit permit. Shaws any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
75 55		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR PART ?)			
DING PHYS or attendin After this c e as the bur alth and Me marked ar II	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	ARM. ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STA			
ATTENDIN spital or CTOR: Af I for use o of Healti		220.1 certify that (I) (this haspite saw the deceased alive on above, (I) (we) (did) (did nat)	order of the deceased from 198,	, and that in (my) (our) opinion	death occurred on the d	1981., that (I) (we are and hour and from the causes state			
OR Joseph DIRE		Earlos Garlos	ovanted	DEGREE ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR ₩ PHYSIC	FF TOOR			
to Hospital etained by the TO Funeral should be det with the State	1	PARLOS (T	PRINTI	22e ADDRESS		1			
I E W D E O									
Od Od WA	230 BI		23b DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Tolking on your			

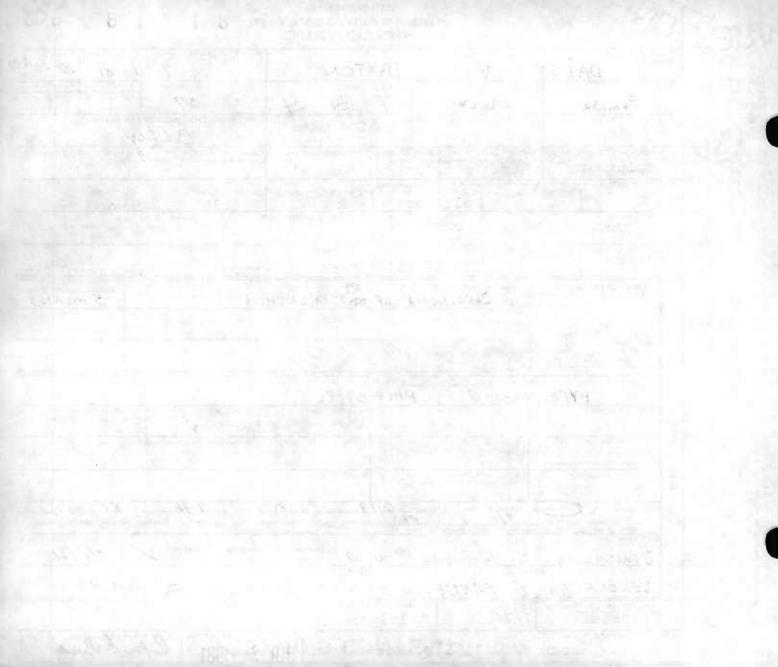


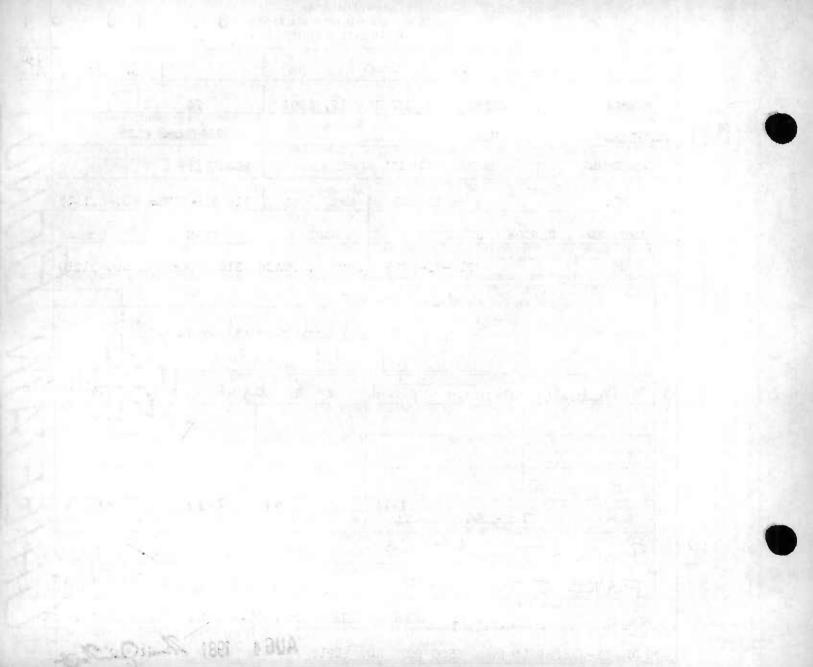


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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
24 /		CEASED NAME FIRST OR PRINT) HATT	IF C	Pattapa	ON 2e. DATE O		DAY YEAR 28	7:506		
1	Fe	male	4. RACE Black	5. DATE OF BIRTH MONTH DAY 5 1 7	6 AGE (IN	^		FUNDER 24 HRS		
M 35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	RARRIED D NEVER MA	1915 66 ARRIED 9 BAUTIMO	PRE CITY OR COUNTY	OF DEATH	AAF		
37	10. CI	A I timo RE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EXCUITY, GIVE STRE	ING HOME OR OTHER INSTIT	TUTION 120 USUAL	OCCUPATION or for most of working life		BUSINESSOR		
filled hould B	13a S	Md.	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 136. CITY OR TO Balto.	WN 134. INSIDE CIT	Y LIMITS? 130. STREET	ADDRESS N. Benta	lou St.			
ompletely 1 and 2 st	A I I	bert	MIDDLE Smith		MAIDEN NAME	MIDDLE Gre	LAST OON			
s. Pages	160 W	(AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SE		Patte r son	ADDRESS 1 1630 N.	Bental	ou St		
Then please remave carbo to burial, cremation, or re njury, or other troumatic r	NO	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	O THE TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART Ita			
iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORM	YES _	IN CERTIF	, WERE FINDING! YING CAUSES OF	S USED F DEATH?		
Mental Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CALCOUNTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	JRY OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)			
ond		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		ı	CITY OR TOWN	COUNTY	STATE		
for us of He 21 is		saw the deceased alive on abave (li) well did (did not	tal) attended the deceased from 17 17 6 19.		19, to ur) apinion death occurre			ot (()\text{we}) last uses stated		
state Dept.		226. PHYSICIAN'S NAME LIVE OF	Oheat	PH PH	TENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN	224. DATE SIG	7/8(
should be deto with the State E IMPORTANT: IF		OBRO	ECHT.	22e ADDRESS	MERCI	formula o	593P11	AL		
	Bu	urial, Cremation, Removal	1 1 2 2 9 1.	NAME OF CEMETERY OR CR	PK. BAL	TO MD .	COUNTY	STATE		
50M 1/81 15, 4)	124 FU	NOT O. Diet 4	Hoo liberty	Halts Ave.	JUL 2 0	1981	ARS SIGNATURE	4-0		

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					STAT	E OF MARYLAND	45		0	1
	1	FOR STATE		DEF		EALTH AND MENTAL HY	GIENE 8		di	0 3
	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	, RE	G. NO.		
		CEASED NAME FIRST		MICDLE		AST	2a. DATE OF DEA		YEAR	2h HOUR
nay be page 3 r death	(TYPE	SARA	H	1_		PEARL		JULY-25	-81	2.10 Am
pag r de	3 SEX		4 RACE		S. DATE O	OF BIRTH	6. AGE (IN YEARS LA	V-/	INDER I YEAR	IF UNDER 24 HRS
ed 4 m	0 02	FEMALE		LACK	MONT		67	YRS. MON	THS DAYS	HOURS MIN
go a p	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	JTRY? 8		9 BALTIMORE C	TY OR COUNTY OF	DEATH	
er bland	C	DUNTRY)VIRGINIA	USA	A	WIDOWI	D NEVER MARRIED L	BAL	rimore c	ITY	MD.
er de		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCU		12b. KIND OF	BUSINESS OR
led th	E	ALTIMORE		I DEN	HOSP	ITAL		AOST OF WORKING LIFE)	INDUSTRI	
212 naur in the	USU/	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	N, GIVE RESIDENCE	BEFORE AOMISSION	A 124 INICIDE CITY HAVITCE	13e STREET ADDR	, seec		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. On the burial shows any injury, or other traumotic event, the medical examiner must be filled or them.	130 3	MD.	NII	BALT		13d. INSIDE CITY LIMITS?		WOODBROO!	K AVE	NUE
erely of shines hines	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA			7.01	0
AAR d w	}	ROBERT	MIDDLE	WILE	TAMS	MARTY	JA9	4E	LON	G
Ser. A		VAS DECEASED EVER IN U.S. AF		166 SOCIA	SECURITY NO.	17 INFORMANT	Α	DDRESS		1
MORE e execu	()	ES, NO OR UNKNOWN] (IF YES, GIV	'E WAR OR DATES)	226-1	8-2969	CARROLL E	. PEARL	4017 BO.	ARMAN	AVE.
ALTI re be re bers. I bers. I		18 CAUSE OF DEATH (Enter o	nly one cause of	er line led la	b and d	// /	- 1			NATE INTERVAL
fice phys popp nove		PART I. DEATH WAS CAUSI	ED BY:		yestive	. Heart to	allere			
N ST certing ing a rbon r rer		ILL 11/0	TE CAUSE (a)		-		2			
ooth tend te co on, o		Conditions, if ony, which	DUE TO, C	DR AS A COM	SEQUENCE OF	MRY ARTERY	1 1/14	MSE	3	
e of more notice of tro		gove rise to immediate	(0)_	7715		1	,			
W. or the or the series series or the orther		couse 101, stating the underlying cause last	DUE TO,	OR AS A CON	SEQUENCE OF					
201 ss th sed the plea vrial,		PART 2. OTHER SIGNIFICANT	CONDITIONS (CAITPIRLITIN	G TO DEATH BUT	NOT BELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN	IN PART 1/a	
quire quire sign hen to bu	Z	PART 2: OTHER STOTAL TOAT	201101110110	DIAR	F 7F5	MELLITU				
beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY	20b. IF YES, W		
L RE lo.	IFIC						YES T NO		G CAUSES (NO 🗍
ON OF VITAL R. IVSICIAN: The li- ding physicion. is certificate has burial-transit per Mental Hygiene or frem 18 shows	CERT	710. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCU	RED (ENTER NATURE C	F INJURY IN ITEM 18, PART	1 OR PART 2)	
SICIAN ng phy certific orial-treentol Hem 13		OR CONTRIBUTING CAUSE OF DE	PATE .	a.m. monti p.m.	H DAY YEAR					
NSK HYSK ding ding is ce buric Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE	E OF INJURY		211 LOCATION				
DIVISION NG PHY retending the this os the but the and M orked or	ME	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE
		22a.1 certify that (I) (this hosp	ital\ atterdiad t	the deceased	from -/U	4 24/1 10 81	in The	4 25% 10	8/	hat (I) (we) last
ATTEND osspirol oseCTOR. A defor use		sow the deceased alive at above, (1) (we) (did) (did no			0-7	nd that in (my) (aur) opiniar	deoth occurred an	the date and hour ar		
R ATTEN hospitol line for Lept. of H let for Lept. of H let m 21 is	M	above, (1) (we) (did) (did no 22b, SIGNATURE	ot) view the bad	y after/deat		DEGREE			122c. DATE S	IGNED
0 0 0 0 0 7		THE SIGNATURE	10	DIL)60	ATTENDING	MEDICAL	STAFF	7/25	-101
ITAL by th ERAL Stote		22d. PHYSICIAN'S NAME (TYPE	20.000.17	1		PHYSICIAN 22e ADDRESS	DIRECTOR P	HYSICIAN L	1/	10,
OSP ed l une the S		DA/ DAC	MT	1		THE ADDRESS			/	
TO HOSPITA retoined by TO FUNERA should be de with the Stot		D.IV. DITO	1-1:1							
A	23a. (BURIAL, CREMATION, REMOVA		0/01		MEM. PARK	23d LOCATION	ALLSTOWN	VTMU	MDATE.
304BP		SPECIFY) BURIAL	1/2	9/81	KING					
DHMH - 16 50M 7/77		UNERAL DIRECTOR		ADDR	ESS		TE REC'D. BY REGIS	TRAR 25b. REGISTRA		Martha
(VR A 15 (4))	WI	4. C. MARCH I	F/H 1	101 E	. NORTH	AVE.	JUL 27	1981 Man	1	The state of the s

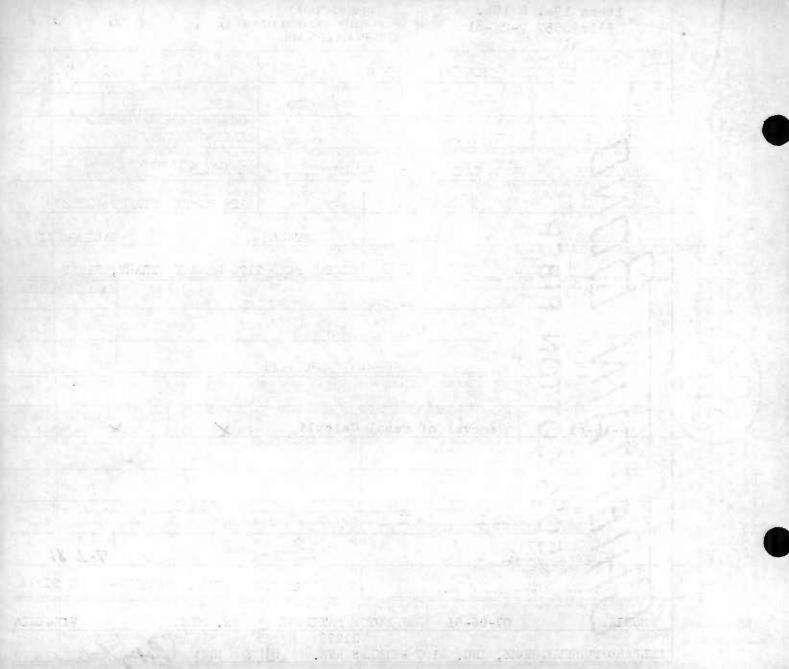
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofthe etained by the hospital or attending physician.
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			EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1	L		MICH		NGELO	PEED		7	1	81	7:50A
1	3	SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	IHDAY)	ONIHS DATE	IF UNDER 24
1	-		MALE STATE OR FOREIGN	WHI			4 30	51	YRS	05.00.00	
北	5	C	OUNTRY) MARYLAND	U.S	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O		OFDEATH	
2	3		P OR TOWN OF DEATH BALTIMORE			NG HOME O	LTIMORE, MD	120 USUAL OCCUPATION OF WORK FOR MOST O	ON F WORKING LIFE	126. KIND O INDUSTRY	F BUSINES
See be	3	30 S	L RESIDENCE (IF NURSING HOME LATE 13b. CO MARYLAND	OR OTHER INSTITUTION UNITY	136 CITY OR TOWN BALTIMO	RE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2124 RAMSA	STRE	ET, 21	223
Komine	0	I FA1	THER'S NAME FIRST CHARLES	MIDDLE	LAST PEED		15 MOTHER'S MAIDEN NAME FIRST ESTELLE	ME		KALING	OWSKI
medicol	16	(78		ARMED FORCES? SIVE WAR OR DATES) REAN	217 24 1		MIRIAM PEED	ADDRE 2124 RAMSAY		T, 212	23
y, or other tro		CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 90 DATE OF OPERATION	(c)	ONTRIBUTING TO	ENCE OF RENAL DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b IF YES,	WERE FINDIN	IGS USED
s any injur			6-15-81		oval of I	renal		YES NO	YES	X	NO [
m 18 shows any injury	4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH D		THE HOW INJURY OCCUR				
Item 18 shows	4	N N		DEATH HOUR A		19	21f LOCATION STREET	CITY OR TO	WN	COUNTY	514
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Oakland, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

Bradley A. Stewart

FOR

REGISTRAR DECEASED NAME

- STATE

21550

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE OF DEATH

CERTIFICATE OF DEATH

Maryland

22c. DAJE SIGNED

COUNTY

STATE

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Minutes

1979

81

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te has been permit. The law iene prior is shows an	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
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ST., I		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY	ne cause per line far (a), (b), and (c).) Gunshot wo	unds to the chest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W.C. MARCH F/H 1101 E. NORTH AVE.

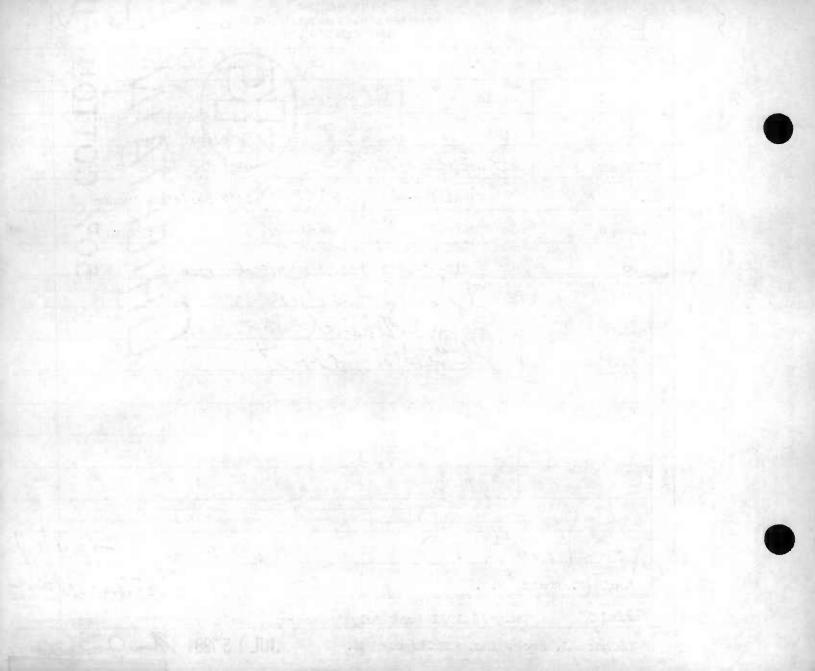
- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Pery 3 19/31/21 54 Course of Lange 13 /14/E 14/E 15/E Blue to the many the second of the second MADERIAL SERVICE PROPERTY.

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINTI PEUSCH FMMA IF LINDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) White 7 Female 1889 10 92 BALTIMORE CITY OR COUNTY OF DEATH JE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Md. U.S.A WIDOWED T DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore *Convalesarium Homemaker LIGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NECOUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [Balto Balto 8401 Loch Raven Blvd Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE unknown unknown IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 212-01-1484D Kathryn Henschen 628 Sussex Rd. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1111 CERTIFICATION Adlance 10h IF YES, WERE FINDINGS LISED WE CONDITION FOR WHICH OPERATION WAS PERFORMED The AUTOPSY? 5 IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION b COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC) orked NOT WHILE WHILE AT WORK 220 I certify that (1) (this bacoutal) attended the deceased from. sow the deceased alive on_ and that in (my) (au) opinion death occurred on the date and hour and from the causes stated obove, (1) (wa) (did not) view the body after death 22h. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 4900 Belair Road 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b MPORT Albert B. Bradley Baltimore, Maryland 21206 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY STATE (SPECIFY) 7-15-81 Cremation Loudon Park Md Balto 24 FUNERAL DIPECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) John C. Miller Inc. 6415 Belair Rd.

To ascertate and assert the contract that are a second that Nerco (2 Neson secretario)

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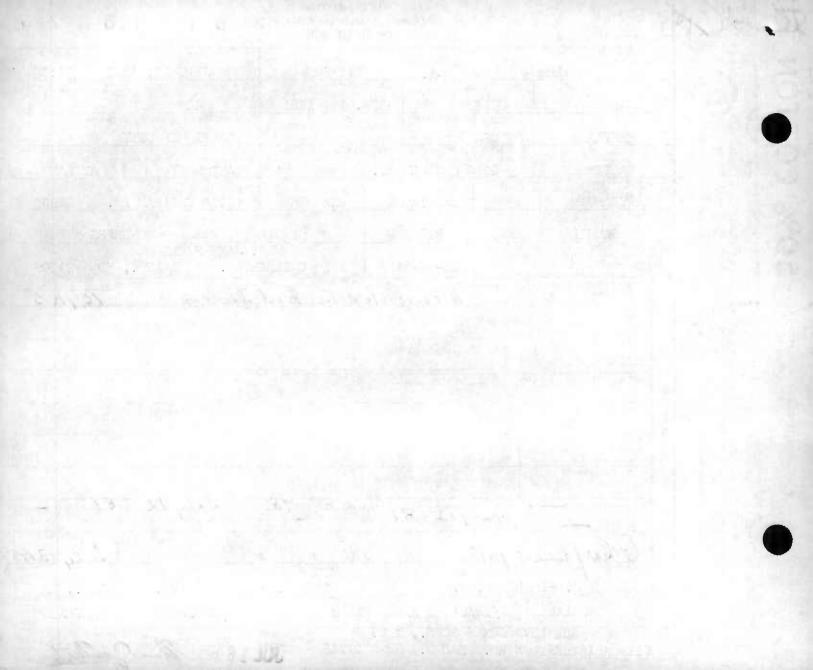
FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH 198 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDA IF UNDER I YEAR MONTH DATS YEAR AUCASIAN 78 02 03 12 TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED USA DIVORCED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Battimore MANAGER RETAIL FOOD USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN MRXXXKENAXRXMEX 13c. CITY OR TOWN 13e STREET ADDRESS 136. INSIDE CITY LIMITS? BALTIMORE 7200 VALLEY COUNTRY CT. 21208 NO X 15. MOTHER'S MAIDEN NAME MIDDLE TOBY PINE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. LENA PARIESS 213-18-3861 7200 VALLEY COUNTRY CT. BALTO., MD 21208 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED B IMMEDIATE C	AUSE (0) Corebral Wasc	war accide	ent		Zdays
4039 conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (b) Otheroscleroti			e	
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	ADDM.	KCUD		
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN	PART 1(o)
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO []
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21s. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART) OR	RPART?)
214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	AN CO	DUNTY STATE
22a I certify that (I) (this hospital) sow the deceased alive an above, (I) (we) (did) (did not) vi	ottended the deceased from Tuly 7 19 8 1 , 8 rew the body after death.	nd that in (my) (our) opinion	7.1		, that (I) (we) lo
Miles Chame		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	Control of the Contro	July 4, 1981
224 PHYSICIAN'S NAME THE OFFE	T}	22e ADDRESS			

DHMH-16 30M 2/80 (VRA 15, 4)

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SOL LEVINSON & 24 FUNERAL DIRECTOR

(SPECIFY)

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STATE

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DECEASED NAME

REGISTRAR

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BIRTHPLACE POLAND

CITY OR TOWN OF DEATH

Basti more

MARYLAND

IYES, NO OR UNKNOWN)

4. FATHER'S NAME

NO

Joseph 4 RACE

BALTO.

MIDDLE

(IF YES, GIVE WAR OR DATES)

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 7/9/81

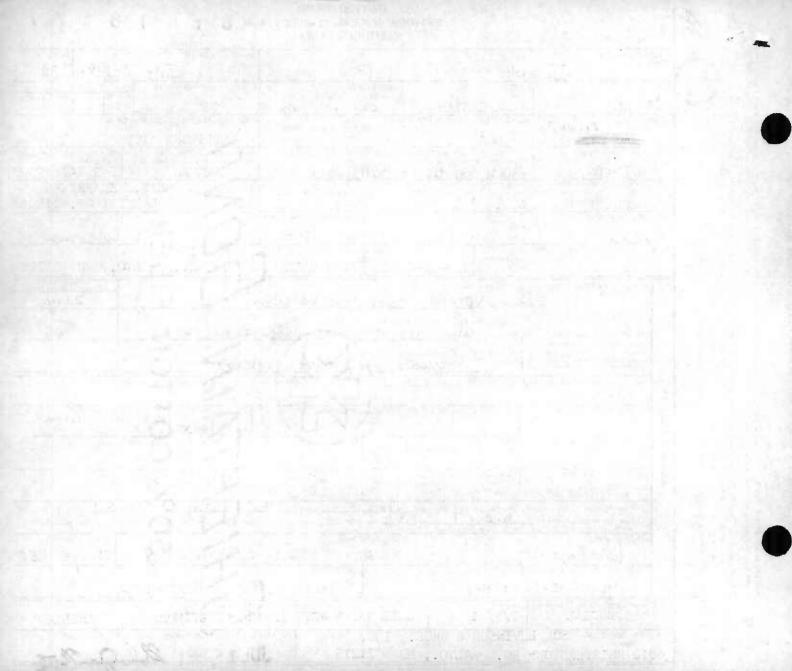
CHANG

23c. NAME OF CEMETERY OR CREMATORY OHEL YAKOV-BETH ISRAEL

Sinai Hospital of Baltimore 23d. LOCATION BALTIMORE

MARYLAND 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

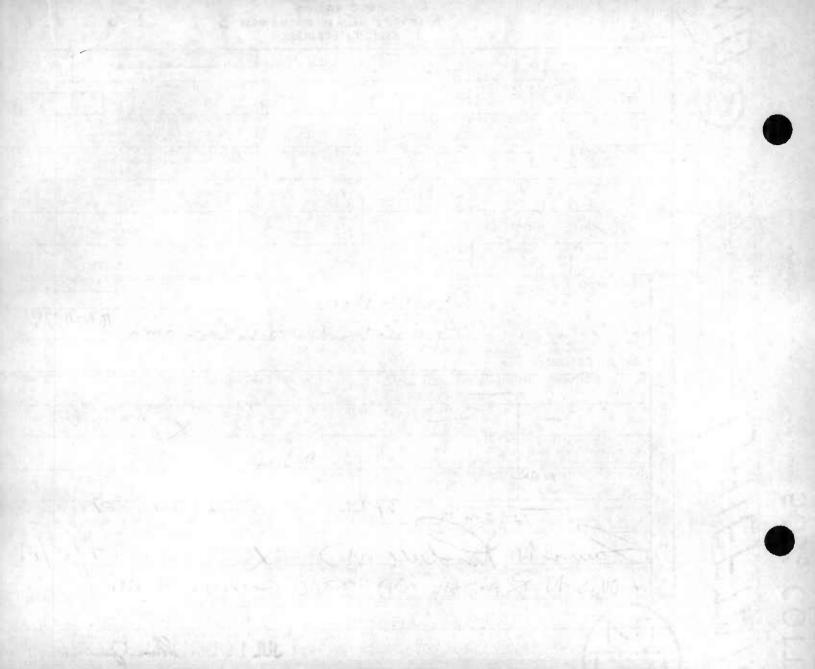
BROS., INC. 21215 6010 REISTERSTOWN RD. BALTO., MD



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	8	FOR STATE REGISTRAR		MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG NO	8 1 7 9
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1. DECEASED NAME FIRST (TYPE OR PRINT) Danie	el C.	Pi	nkney	July 13, 1	981
Mile Mile		Male Male	4 RACE Black	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY) 65	IF UNDER 1 YEAR IF UNDER 24 HRS
~	35	BIRTHPLACE (STATE ORFOREIGN COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or Count Baltimore	
by the fulled with	20	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 628 Gold St	NG HOME OF		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR
filled in ould be f	35	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b COL		VN I	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 628 Gold St	
and 2 sh	90	14 FATHER'S NAME FIRST James	W. Pinkney		15 MOTHER'S MAIDEN NAM	AUDDIE	right
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TOR: After the of Health		220 L certify that (1) (this base	ntal) attended the deceased from	3/7	d that in (my) (aur) apinion a	to 29 Jane death occurred on the date and ha	19, that (I) (we) lost or ond from the couses stated
ched ched ched ched them		22h PHYSICIAN'S NAME TYPE	N. Kandy	un	ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED / 81
should be deto with the State D		Louis N	. RAUDAII N	ND	2300 G	arrison Blu	d,
		230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	F (1 = 1		METERY OR CREMATORY 15 Mem. Pk.	23d. LOCATION CITYORTOWN Baltimore	CO. MD
16 50M 1/81 RA 15, 4)		Wm. C. March	F/H 1101 ** E.	North	h Ave.	L 1 6 1981	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has by TO HOSPITAL OR ATTEN DHMH - 16 50M 1/81 (VRA 15, 4)



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	/		CEASED NAME	FIRST		WIDDLE		LAST	4111	20. DATE KNO	WN X M	HINON	DAY YEA	R 25 HOUR
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	E BE SE	3. SE	4. R.		DATE OF BIRTH	YEAR LAST BE	RTHDAY) MON	NDER 1 YR. IF UN		PRONOUNCED	MC	ONTH	DAY YE.	6:30
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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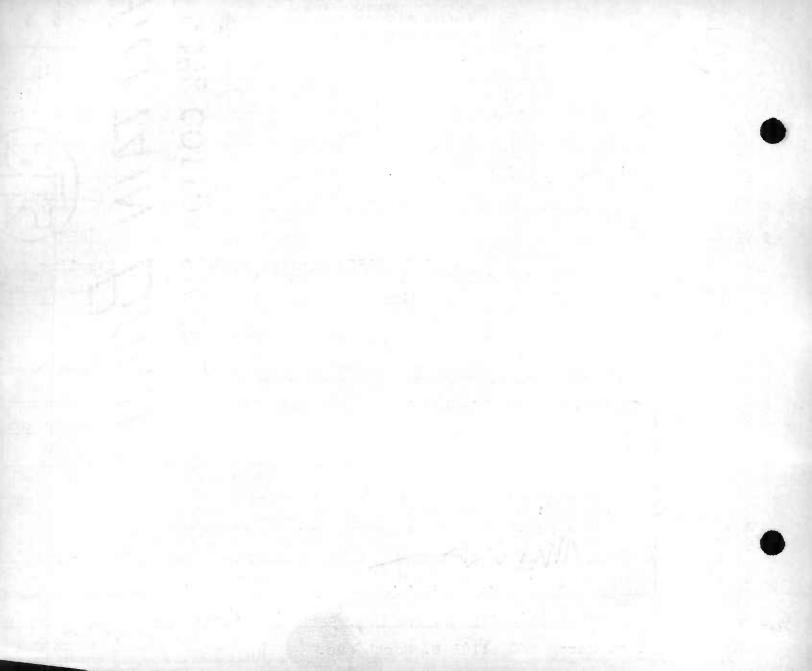
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-OF POOLE SR. HERBERT DEATH MATED 10 81 19 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 11:43 DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 11 2 31 19 81 49 DEAD 10 MALE NEGRO a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED MD USA Baltimore City WIDOWED X DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED. II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Wilmont F MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. ED AS A BURIAL - TRANSIT FERMIT. PAGES 1 AND 2 SHOULD BE HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. II. CREMATION, OR REMOVAL. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore 1233 N. Potomac Street YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, John MIDDLE MIDDLE Poole Lucille James 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 7 INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-28-2758 | Velveeta Poole 1840 N. Caroline CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Alcoholism IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ig. CERTIFICATION USED AS 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, 20 AUTOPSY? 3 SHOULD BE L YES [NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 21201 NOT WHILE COUNTY STATE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 AT WORK 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER SIGNATURE 7-10-81 111 Penn St. EXAMINER'S NAM Dixon, M.D. Ann (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7/15/81 Burial King Mem. Park Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5))

15M2/80



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN fixt 20. DATE (TYPE OR PRINT) William E. 20 81 sr. Poole DEATH MATED SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED male white DEAD 20 19 81 12:25 49 12 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland U.S.A. Baltimore WIDOWED DIVORCED City 2, AND 3 TO THE FUI 3 RETAIN PAGE 5 I 2 SHOULD BE FILED, V AL RECORDS, 201 WA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION University Hospital Contee Truck Driver Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Howard 130. STATE Columbia 13d INSIDE CITY LIMITS? 9550 Old Guilford Rd.21046 Md. YES TO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME S AFIL. GIVE PAG. "ITH FORM PAGE I AND 2 C MIDDLE MIDDLE James Duva11 Viola Poole 166. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION YES NO, OR UNKNOWN) 214-28-2694 Deborah L Poole Same as 13e. 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Parkinson's Disease 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 1981 while swimming 211 LOCATION 21e PLACE OF INJURY EXECUTE INE CONTROLLE BE FORWATE PAGE 3 SHOULD BE FORWATE STOFUNGER DEATH, WITH THE STATE DE RALLIMORE, MARYDAND, 21201 F CITY OF TOWN Anne Arunde 1Co.MD NOT WHILE AT WORK Sandy Point, state park AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my opinian Accident XX Homicide death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 7/21/81 MDAssistant SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT 13d. LOCATION City of town Laure1 23c. NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 236. DATE Md. Buria1 P.G. 7/24/81 Md. Nat'l. Mem.Pk. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. H. Laurel, Md. 20707 **DHMH-17** Fleck Laurel (VR A15 ME (5)) 15M 2/80

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E. Johnson 8521 Loch Rayen Blvd

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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21 81 .0:10A 6 AGE (IN YEARS LAST BIRTHOAY) IF UNIOER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTR SELF-EMPLOYED Asphalt 13e STREET ADDRESS 4126 HEDGEHILL LANE 21131 CHENOWITH ADDRESS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [CITY OF TOWN COUNTY STATE and that in () (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 7/21/81 3900 Loch Raven Blvd., Baltimore, MD 21218 23d LOCATION Providence U.M. Church Baltimore Co., Md.

REG. NO

2b HOUR

2ª DATE OF DEATH MONTH

- STATE

(TYPE OR PRINT)

3 SEX

1. DECEASED NAME

Burial

24 FUNERAL DIRECTOR

William

REGISTRAR

LAWRENCE

LEROY

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PRESTON ne deoth cr me to attendin metion, or r troumptic		Conditions, if any, which gove rise to immediate	(b)	Conge	stive ru	art dallur	4
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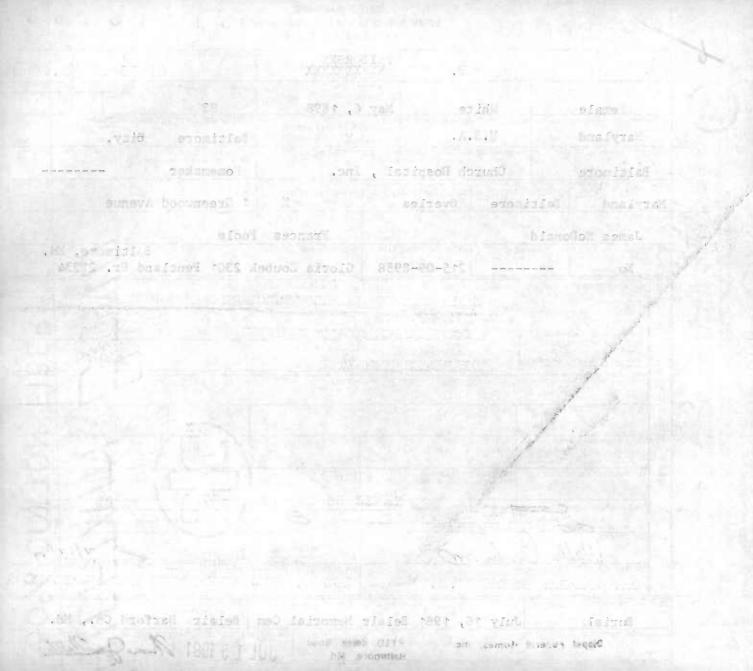
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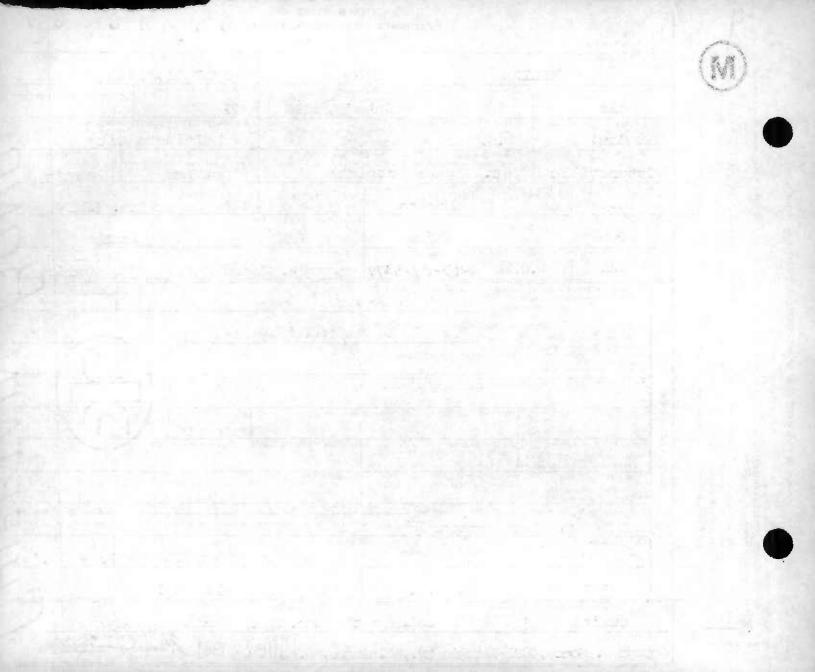
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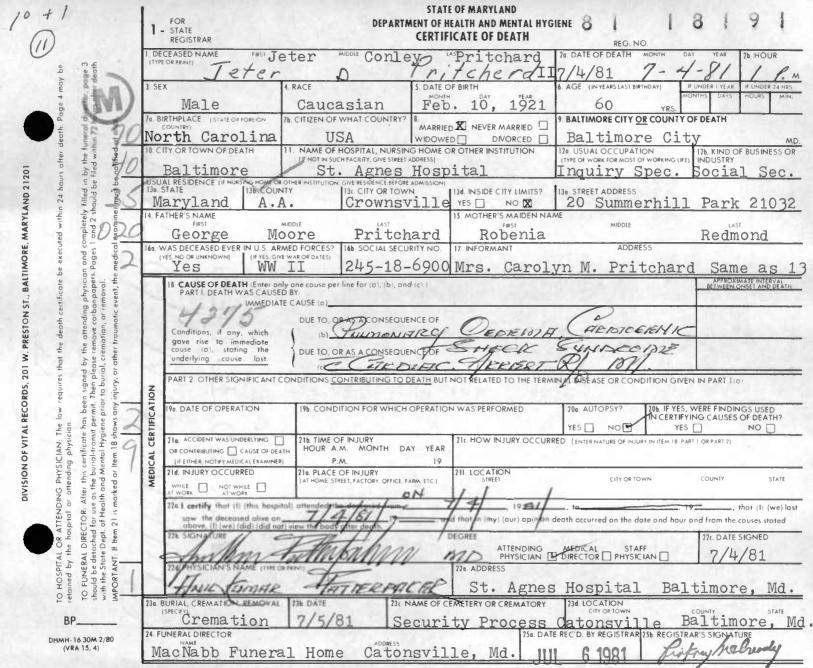
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 2b HOUR PRIBORSKY 07-13-81 5.00pm IF UNDER I YEAR A AGE LIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Greenwood Avenue LAST Baltimore, Md. Gloria Zoubek 2301 Pentland Dr. 21234 FREEZRXKAXORXXXKKKSKX ARREST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE our opinian death occurred on the date and hour and from the couses stated 22c. DATE SIGNED BROADWAY BALTIMORE, MARYLAND31 (SPECIFY) Belair Harford Co., Selair Memorial Cem Burial July 16, 1981 24 FUNERAL DIRECTOR Dippel Funeral Homes, Inc. ADDRESS 7110 Belair Road Baltimore, Md





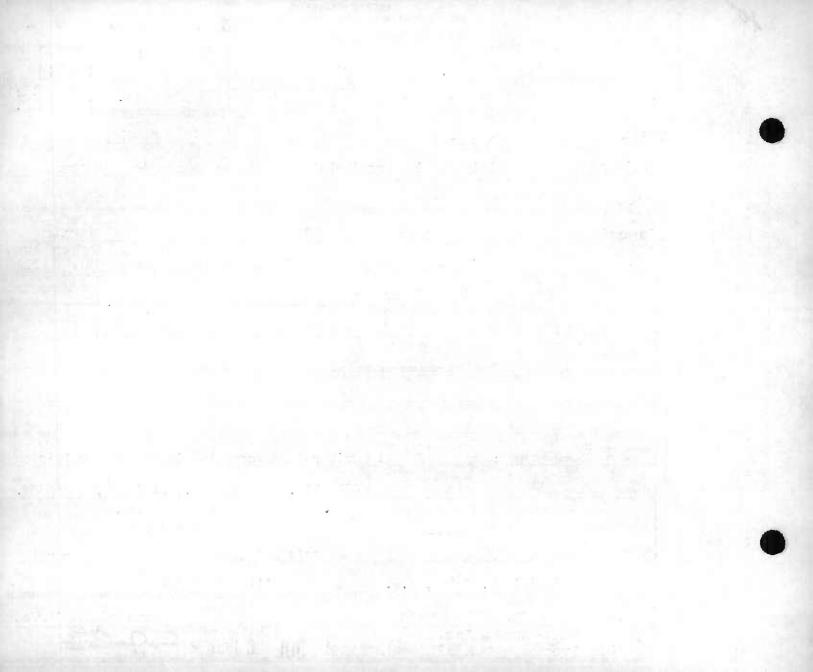
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	THE FU THE FU ZOJ W.	10. CI	TY OR TOWN	OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 179. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)									12b KIN	12b KIND OF BUSINESS OR INDUSTRY			
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=	2. AND 3 TO 1. S. RETAIN PA 2. SHOULD BE FORDS.	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)																	
21201	SECONO SE		rvland	Bal	time	ore		Y OR TOWN		YES	NO 🔯			sex A	Aven	ue			
MD.	1. IF 2. S. S. A.		ATHER'S NAME							15 MOTHE	R'S MAIDEI	NNAME							
m,	ENSUN SINGLE	n	Samue]		D		Dr	itt		Ali	ma		MID	DIE			Martin		
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BALTIMORE,	S AFTER GIVE PA GIVE PA THE FOIL PAGES INISION	(4)	ES, NO, OR UNKNO	(IF YES, GI	VE WAR OR	DATES)	0.00	FO 61	7.4	Samu	el D.	Pr	++	Est	sex,		. 21		
	URS AFTER 8. GIVE PAWITH FOR WITH FOR IT, PAGES 1 DIVISION	H		F DEATH (Enter	only one	nuse per line (-78-61	14	Dana	CI D.				3011/	API	PROXIMATE	INTERVAL	
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0	D BE EXE ENDING MEDICA AS A BU CREMA	Z								or constitu	A COLON IN I AR								
E S	- CAAR	CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?					
TX.	SHOU!	FF															ES 😧	но 🗆	
DIVISION OF VITAL	CERTIFICATE SHOULD STING THE WORD "PER DED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HEA	1 2	210. EXTERNA	AL CAUSE WAS		21b. TIME OF				OW INJURY	OCCURRED	DLENTERNA	TURE OF INJU	RY IN ITEM 18	PART I OR P		ro M	NOL	
0 2	A HANDER		UNDERLYING	OR NG CAUSE O	FREATU	5:00 A.M.	MONTH 6	25 198		ivor	in mod	torou	olo/f	ivad	oh io	a+ a	الم	cion	
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DIV	REPER 3 SOLE SOLE SOLE PRE DEP	¥	WHILE	NOT WHILE AT WORK	КХ	STREET, FACTO	ry, FARM,		1/5	STREET BIL	Eac	torn	CITY OR TOW	Bal+	imar	YIMUC		Md.	
	C2788 F		AT WORK	AT WORK		5	i i ee	!	4,	ווע טטי	\. Las	Telli	Ave.	, Dail	THOT	Ε,		MG.	
		0	22a I certi	fy that I taak cha	orge of the	L		(III	Auto	psy XJ,	Inspection	L.,	Inquiry	or	nd in my o	pinion			
	WE W		death resulted from: Natural causes . Accident XX, Suicide ., Hamicide . Undetermined manner .																
	EXAMI CERTIFI ULD BE DIRECT WARYL	-	ACTUAL ACTUAL PAGE START DATE										7 0 (2.1					
	REAL AND THE SECOND	1	SIGNATURE.	Ungen	a	X A YOU	an		^	M.D. ASS	istant	MEDIC	AL EXAMI	NER	SIGN	ED	7-2-8	31	
	SE 4 MES	-	EXAMINER'S	NAME VIE	aini	a L. Do	al an	MD			- 11	I Per	on St	root					
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		(TYPE OR PRI	NT)						_ADDRESS_				1 00 1					
	E M C F C G	23a.B	SPECIFY)	TION, REMOVAL				NAME OF CI			ORY	23d. LOC CITY OF	ATION	-	cou	INTY	ST	ATE T T	
	BP	Burial 7/5/1981 Valley Head Randolph W.Va												va.					
11	DHMH - 17	79 22 Wise Avenue Dundalk, MD. 21222 10 8 1981																	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE KNOWN TX DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-SR. \$-6-81. ENNIS DEATH MATED PRYOR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX IE UNDER 24 HRS DATE ADE HOUR MONTH 2 BIRTHDAY) PRONOUNCED 64 7-6-81 male black am DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) ALA. USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 1002 Ellicott Drive Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 1002 ELLICOTT DRIVE 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST UNKNOWN UNKNOWN 17. INFORMANT 160 WAS DECEASED EVER IN ILS ARMED FORCES? IAL SOCIAL SECURITY NO ADDRESS BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION MATION, OR REMOVAL 127-22-5425 DOLLIE PRYOR HERRING 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive arteriosc lerotic cardiovascular disease Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [] NO X 3 SHOULD BE UDEPARTMENT (210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING PRIOR P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection deoth resulted from Hamicide Suicide TITLE (SPECIFY) 7-8-81 Assistant DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME M. DADDRESS Margarita Korell. 111 Penn Street (TYPE OR PRINT) 238 LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 7/10/81 MD VET CEM. CROWNSVILLE BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 130 **DHMH - 17** MARCH F/H 1101 E. NORTH AVE. (VR A15 ME (5)) 15M 2/80

yes 32 17.11 dry of the dates

1	-					S	TATE	OF MARYLAND							
16	1.	FOR STATE REGISTRAR			DEI			ALTH AND MEN		NE 8	REG. NO	0.	8) 6
M)		CEASED NAME Margi	aret ALET	- Ri	ta.	Pu	last	i,	2	DATE OF	Property.	MONTH	26 81		HOUR A
offer.	3 SEX	FEMALE	4 RA	AU(A	Siml	٨	ATE OF	DAY	YEAR	AGE LINYE	ARS LAST BIRT	HDAY)	MONTHS 0		OURS MIN
72 hour	To BI	RTHPLACE ISTATE OR FOREIGN	7b C			NTRY? 8 MA	RRIED	NEVER MARI	RIED 0	BALTIMO	RECITY O	R COUNT	Y OF DEAT	Н	
Street within	10 CI	TY OR TOWN OF DEATH	,	IF NOT IN SUCI	OSPITAL, N H FACILITY, GIVI	NURSING HO	5)	OTHER INSTITUT	TION I	TYPE OF WOR	OCCUPATE	ON F WORKING L		to.	JSINESS OR
nould be f	Ma	AL RESIDENCE (IF NURSING HO TATE 13b (R INSTITUTION.	13c CITY O		SION)	36 INSIDECITY L			address olcro	ft S.	treet	212	24
3500		THER'S NAME Michael	MIDDLE		ls zew.			5 MOTHER'S MA	,		WIDDLE	Sac	dowski		
medico		VAS DECEASED EVER IN U. res, no or unknown) (IF YE	S. ARMED		2/4-2	22-0279	7	John R.	Olyze	wski	34/4	00	her Pi		21224
to buriol, cremot	NC	Conditions, if ony, while gove rise to immedio couse (a), stating the underlying couse for PART 2 OTHER SIGNIFIC,	te he st	c)		ISEOUENCE (OT RELATED TO	THE TERMIN	AL DISEAS	E OR CONI	DITION GI	IVEN IN PAR	T 1(0)	
ene prior	CERTIFICATION	19a DATE OF OPERATION		196 CONDI	TION FOR V	WHICH OPER	ATION	WAS PERFORME	D	200 AUTO	PSY?	IN CERT	ES, WERE FII IFYING CAL	ISES OF	USED DEATH?
entol Hygie ltem 18 sh	_	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH	21b. TIME OF	M. MONT	H DAY Y	EAR 19	21c HOW INJURY	Y OCCURREI) (ENTERNA	TURE OF INJUR	RY IN ITEM 18.	PART 1 OR PAR	F 2)	
rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		TIE PLACE ((AT HOME, STR		OFFICE, FARM, ET		21f LOCATION STREET		- 7	CITY OR TOW	VN.	COUNTY		STATE
of Health		22a.1 certify that (1) (this saw the deceased ali obove, (1) (we) (did) (c					ond .	that in (my) (our	9) opinion de	, to oth occurre	d on the do	ote and ho	19		(t) (we) lost ses stoted
detoched ote Dept IT: If Item		27h SIGNATURE Gords	nz	Papha	el		DE	GREE ATTER PHYS	NDING SICIAN []	MEDICAL DIRECTOR	STAF	F	22c. D	ATE SIG	181
should be with the Str		220. PHYSICIAN'S NAME (GORDON	0	PHAC	~			7421/	KIMBA	eK (a	LET,	40T D	BALTO	MI	21237
	(Burial, CREMATION, REMO	OVAL 23	b. DATE 7-29-	81			METERY OR CREA	em.	23d. LOCA	RTOWN	CITI	COUNTY	Md.	STATE
1/75		S. Zeiler &	Can	200	5224 ADDR	nece			25a. DATE F	EC'D. BY R	EGISTRAR	M. RECO	TRAR'S SIG	NATURE	171

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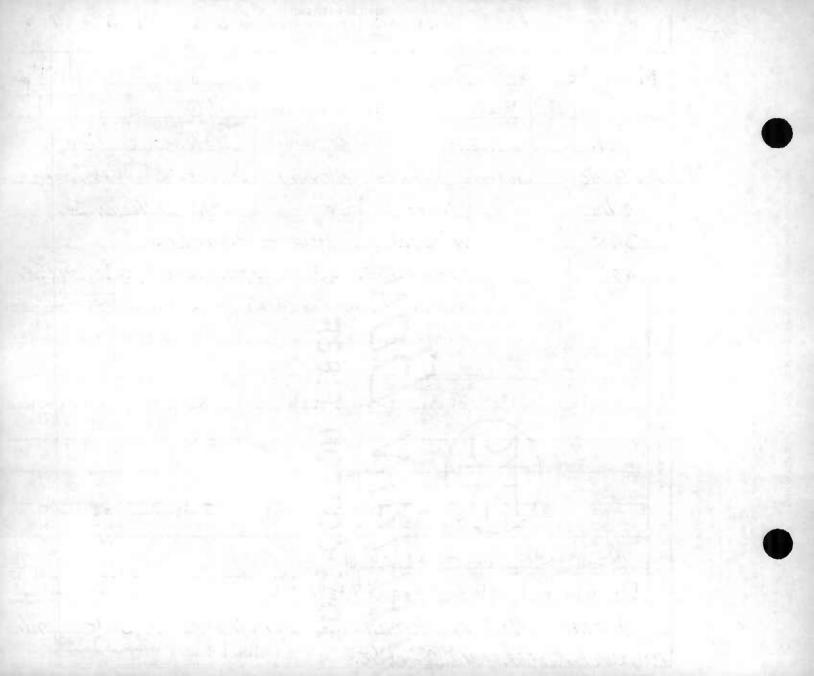
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	1	1-	STATE REGISTRAR					LTH AND MEN		TH	1 0	1 7	0		
	· ·		CEASED NAME	FIRST		WIDDLE		LAST		20. DATE KNO	EG. NO.	DAY YEAR	Zb. HOUR		
	RS S. S. E.	(TYI	E OR PRINT	A:	llen	W		Quarles		OF EST DEATH MAT	[I	19	M		
	PLEASE ECTOR. FILES.	3. SE		I. RACE	S. DATE OF BIR		AGE (IN YEARS		UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR		
			ale	black		10-49	32 YRS.	AONIHS DAYS HO	OURS MIN	PRONOUNCED DE AD	7	13 1981	9:15		
	NEGESSARY,	70. B	RTHPLACE (STA	TE OR	76. CITIZEN OF	WHAT COUNT	8 A	ARRIED NEVER	MARRIED K	9. BALTIMORE	CITY OR COUN	TY OF DEATH	PM		
	N N N N N N N N N N N N N N N N N N N	10.6	Ma	- DE 1711	U	SIA			ONORCED		ore City		MD.		
	SHARES STATES		altimore		(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS]	OTHER INSTITUTIO		MOST OF WORKING L		OR INDUST			
Himin	DELAY N PAH N PAH			F IN NURSING HOME C		och Rave		spital							
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MD. 2	A S. S. A	14. F.	ATHER'S NAME			1 0			MAIDEN NAME		7. 100	21			
Ä,	PM 3.		TAME	3	MIDDLE	13 11	or les 5	FIRST	TEGARE	+ MIDDLE		Colesed)			
WO	S S S S S S S S S S S S S S S S S S S	16a. \	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?	16b. SOCI	AL SECURITY NO		VT VT	AD	DRESS	CORCIO	4 >		
BALTIMORE,	A A G E A A S I S I S I S I S I S I S I S I S I		Ye.s	196		219	-52-26	70 MA	RGARET	QUARles	145	8 10 10	57		
	MIT. PIN.		18 CAUSE OF	DEATH (Enter on	y ane cause per	line far (a), (b),	and (c).)					APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH		
PRESTON ST	AL AL		PARTIDEA		E CAUSE (a)	Chronic		lism							
ESTO	HYON WON		Canditian	s, if any, which	DUE TO,	OR AS A CONS	EQUENCE OF								
W. P.	WIT	-	gave rise	ta immediate	(b)_	OR AS A CONS	COUENCE OF								
201 V	N AP PE		lying caus		DOE 10,	OR AS A COINS	EQUENCE OF								
DS.	E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A BE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. I BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SH NT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL R BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)												
RECORDS	NEDIC	Z	Seizure disorder												
2	ALEGA A	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY	2D AUTOPSY?			
VII	SHOU ORD CHIEF TOF H	1 1										YES 🗌	NO X		
90	AND AND A	I G	210. EXTERNAL UNDERLYING			E OF INJURY A.M. MONTH [LE HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	ART 2]			
NOIS	CERTIFICA TING THE 3 SHOULD DEPARTM I PRIOR TO	MEDICAL	CONTRIBUTIN 21d. INJURY O	G CAUSE OF E		P.M. CE OF INJURY	19	f. LOCATION							
	E: THIS CERTIFICATE SHOULD E TE, WRITING THE WORD "PEN REWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAL CO. 21201 PRICE TO BURIAL, GO.	MEG	WHILE -	NOT WHILE		FACTORY, FARM, ETC		STREET		CITY OR TOWN	CC	YINUC	STATE		
	E, WRIT RWARD RWARD PAGE: STATE STATE (), 21201		AT WORK	AT WORK											
	TO MEDICAL EXAMINER: II EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYIAND, 2.			that I taak charg				-	spectian XX	Inquiry	and in my a	pınian			
	RECIPIED SECOND		death resulted	d fram: Notu	fil duses XX,	Accident L	, Suicide	☐, Hamicide		ermined manner	L_J,				
	2 HO 2 F.		ACTUAL SIGNATURE_	de	24	and		ASSIS	stant	ICAL EXAMINER	DATE	7/14/	81		
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	_							MED	ICAL EXAMINER	SIGN	eu			
1	A DA SE	4	EXAMINER'S N (TYPE OR PRIN	T) Ho	ormez R.	Guard,	M.D.	ADDRESS			Baltimo	re,MD 21	201		
1502	574548	23a.8	URIAL, CREMAT	ON, REMOVAL 2	3b. DATE	23c. NA	ME OF CEMETE	RY OR CREMATORY	23d. LC	ORTION	// cou	INTY SI	AJE		
Leh	BP	24 5	UNERAL DIRECT	CIA/	7-17-	81 (EDUNSO	ille NA	DATE REC'D. BY	ROZURSO	REGISTRAR'S	SIGNATURE	ho		
	DHMH-17	1	NAME	PR1	ADD	RESS III	216	5/			MEGISIKAK S	SIGNATURE			
	(VR A15 ME (5)) 15M 2/80	1	EKHOM	N DHILE	1 134	1X 1U-(HIMUN	0/	JUL 2	U 10811-	Many	Janlast	Opt		

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0	
Ì	1 DECEASED NAME FI	RST A	AIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
1		RTHUR L	EMUEL RA	ISON		7 9 8:	1 9:30A M
1	3.5EX	4. RACE		OF BIRTH	6 AGE IN YEARS LAST BIR		R 1 YEAR IF UNDER 24 HRS
1	MALE	BLACK	20N1	18 ^{AY} 18 ^{AY} 18	84	YRS.	DAYS HOURS MIN.
4	TE BIRTHPLACE (STATE OF FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	ED X NEVER MARRIED	9. BALTIMORE CITY C		ATH
×	MARYLAND	U.S.	A. WIDOW		BALTIMORE	CITY	MD
1	10 CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME		120 USUAL OCCUPAT		KIND OF BUSINESS OR
3	BALTIMORE		H FACILITY, GIVE STREET ADDRESS) CH RAVEN, BAL	TIMORE, MD	TONKING FOR MOST C		AVISON CHEM.
7	USUAL RESIDENCE (IF NURSING						TV ADON ONDER
1	MARYLAND	. COOMIT	BALTIMORE	YES T NO	3205 ST. AL	MBROSE AV	ENUE 21215
1	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	AME		
	GUS	WIDDLE	RAISON	EMMA FIRST	WIDDLE	WRI	GHT
1	160 WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI		
1	(YES, NO OR UNKNOWN) IF	YES, GIVE WAR OR DATES)	215 05 4656	MRS. IDA	RATSON 3205	ST. AMBI	MOSE AVENUE
Ì	18 CAUSE OF DEATH (E	nter only one couse per	ine for (a), (b), and (c),)				APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
١	PART I. DEATH WAS		CARDIAC	ARREST	\$10HU271		The Court House State of the Court of the Co
1	1541					11.00	
1	Conditions, if ony, wh	state (R AS A CONSEQUENCE OF				
4	gove rise to immedicouse (a), stating	ote	16 1 601/6501/51/65 05				
		ost.	R AS A CONSEQUENCE OF				
	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN F	PART I(p)
		of the	vectum				
1	190 DATE OF OPERATION 7 2 8 1 210. ACCIDENT WAS UNDERLY	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED
Ы	1 2 81	16	ctal cana	en	YES NO	YES YES	CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLY		FINJURY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
	OR CONTRIBUTING CAUS	COPDEATH					
ı	THE PROPERTY OF THE PROPERTY O		OF INJURY	211 LOCATION	CITY OR TO	WN COL	UNTY STATE
1	WHILE SOT WHILE AT WORK	[AI ROME, SIR	EET, PACTOR OFFICE, PARM, ETC.)	JINEE.			
1	220.1 certify that 30 (this	s hospital) attended the	deceosed from JUNE	17 , 19 81	JULY 9	. 19_8	that XIX we) lost
1	sow the deceased a above, \$1 (we) (did)	live on JULY S		nd that in (n) (our) opinion	death occurred on the de	ate and hour and fr	om the couses stated
	226. SIGNATURE	I -		DEGREE		220	DATE SIGNED
1	I'm	Pw &	hang V	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN X	719181
	22d PHYSICIAN'S NAME	TYPE OR PRINT)		22e. ADDRESS			
	K. W.	SHARP	MD	3900 LOCH RA	AVEN BLVD.,	BALTIMORE	E, MD 21218
1	230. BURIAL, CREMATION, REM	AOVAL 236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY) BURIAL	7/13/1	MT. AVI	BURN CEMETERY	BALTIMO	COUNT	MD STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

LEWIS T. GWYNN 4517 PARK HETGHTS AVENUE

A MUNICIPAL DAVING COURS.

X

URS. ADA JAISON 3205 ST. LILL WILL THIS

DHILL 7/15/87 MT. AUBURN CARTERY MAINLORE 1D.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 24. DATE KNOWN (TYPE OR PRINT) ESTI-Walter Randolph Jr DEATH MATED E. 19 81 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 23 50 11 30 male black DF AD 10 81 4:24F TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY USA WIDOWED [MD DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore 127 S. Exeter Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 130 STREEZ ADDRESS Exeter St. 13b COUNTY 13d INSIDE CITY LIMITS? Baltimore NO [ND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Doris MIDDLE Walter Randolph Sr. Butler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION YES, NO, OR UNKNOWN 216-52-4980 Doris Randolph 125 N. Colvin St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cirrhosis of liver DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION chronic alcoholism 19a. DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF HE BALIJMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [] 21g. EXTERNAL CAUSE WAS 71b. TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my apinian Undetermined manner death resulted from TITLE (SPECIFY) DATE 7/14/81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Balto MD 21201 Hormez R. Guard MDADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATOR' STATE Burial 7/17/81 Baltimore New Cathedral Cem. MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** 1101 E. North Ave. C. March F/H VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWNXXX (TYPE OR PRINT) OF ESTI-CATHERINE M. RAWLINGS 4 RACE SEX H. H. DR IF UNDER 24 HRS DATE PRONOUNCED female white 7-6-81 \$ept. 14,1941 DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City U.S.A. Washington, D.C. DIVORCED OR CITY OR TOWN OF DEATH 11_MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
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S, DIVISION OF-VITAL RECORDS, 28. USUAL RESIDENCE (IF IN NURSING JIGME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Ft. Washington 13d INSIDE CITY CIMITS? 3620 Ladd Avenue Prince George Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mary Patrick MIDDLE Sheehan MIDDE Carney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 3200 REDevonshird Rd. (YES, NO, OR UNKNOWN) 578-54-4089 Teresa Baldesari Waldorf, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (ζ),)
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Leroy O. Dyett 4600 Liberty Heights Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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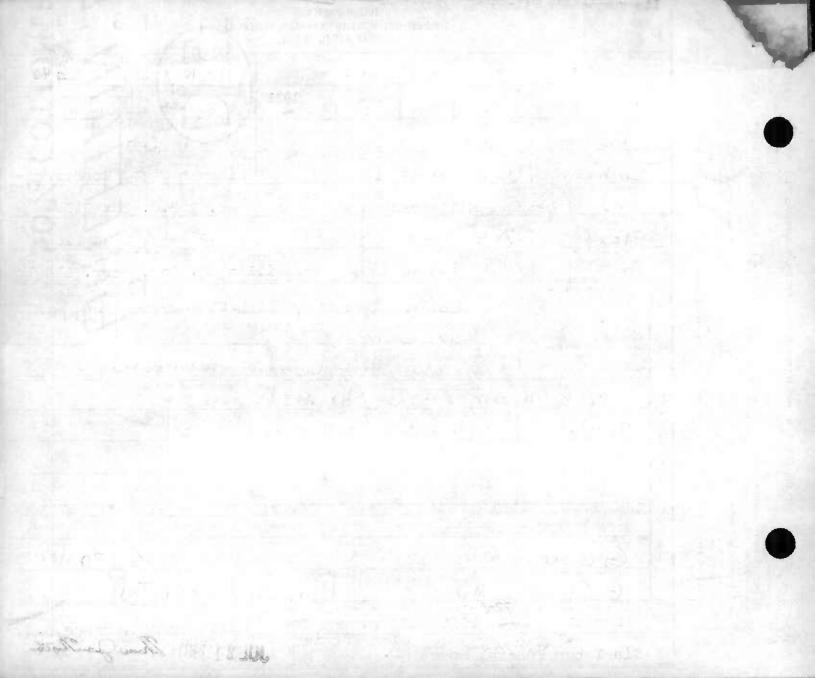
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ge 4 mag	_ Male	4 RACE White	5. DATE OF BIRTH MONTH Feb. 15, 30	6 AGE (IN YEARS LAST BIRTHDAY) 50 51 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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completely I and 2 sh	FATHER'S NAME FIRST	M.A Y Ray	IS MOTHER'S MAIDEN NO.		Womble
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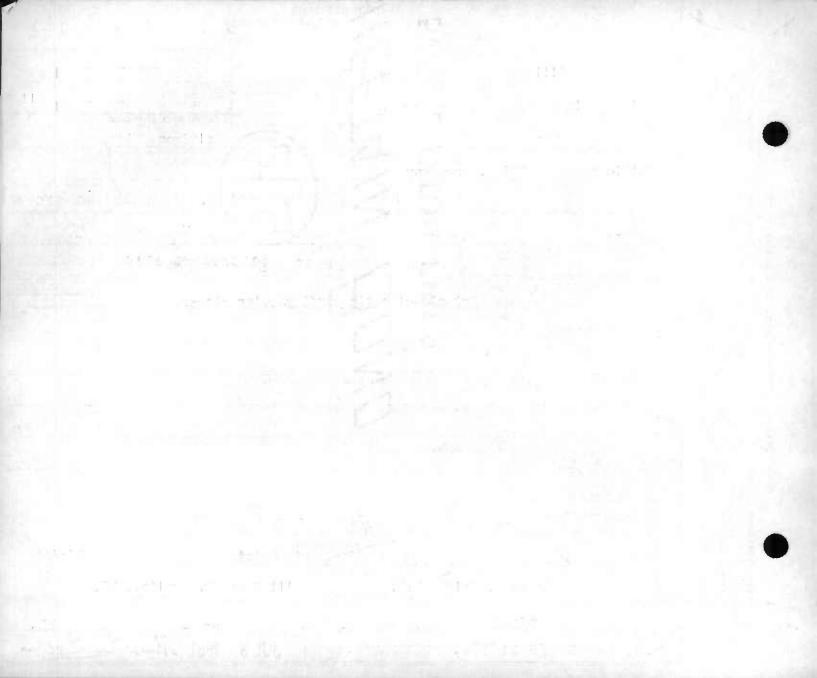
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September 1995 The same of the sa OFFICE ME MENDED THE BEST OF THE STATE OF TH JOM. W.C. March ITH World E. North

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BALTIMORE,	AFTER DAINE PAGES INSION C	160.	WAS DECEASED EX (ES, NO. OR UNKNOWN) NO	VER IN U.S. ARM	AED FORCES? WAR OR DATES)		- 2 2 - 8		HESTER	FITINI N	GSTON	1,710	MON	TPEL	IER
ST., B	WIT. P.		18. CAUSE OF D	EATH (Enter anly	y ane cause per line	far (a), (b),	, and (c).)						BE	APPROXIMATE	INTERVAL I AND DEATH
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E E	ED A MEA	CERTIFICATION	19a. DATE OF OP	ERATION	19b. COND	TION FOR V	WHICH OPER	ATION W	AS PERFORMED?				20	AUTOPSY'	>
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DIVISION OF VITAL	FICATE OULD BOULD BY TO BY	AL CER	210 EXTERNAL C UNDERLYING CONTRIBUTING	OR	100	A. MONTH	DAY YEAR		OW INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
DIVISIC	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH PECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES BAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL		URRED IOT WHILE I		OF INJURY TORY, FARM, 27			CATION		CITY OR TOWN		COUNTY		STATE
	ATE, V ORW/ ORW/ ORW/ OR PA TE STA VD, 21		The Learning that the sharper of the remains described above held an Aptopsy . Inspection . Inquiry . Inquiry . ond in my apini									ny apinian			
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010	5345A4-	23a.1	BURIAL, CREMATIO	N, REMOVAL 2	3b. DATE	23c. N	AME OF CEA	METERY O	RCREMATORY	23d. LOC CITY OF	ATION		COUNTY	SI	ATE
ald	/BP		BURI		7/10/81	MI	NAT	r ME	M PK.	LA	UREL				D.
Jeh	DHMH - 17 (VR A15 ME (5))		W.C. MA		н 110°T	E. NO	ORTH A	AVE.		UL 9	1981	hame	R'S SIGNA	March	
	15M2/80														



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN XX 2a. DATE (TYPE OR PRINT) OF 7-18-81 DEATH MATED WILLIAM H. Jr. REDDITT, & AGE (IN YEARS IF UNDER) YR. SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS DATE 7d HGUR LAST BIRTHDAY) PRONOUNCED 7-18-81 male black 63 17 12 26 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED DIVORCED Ma Baltimore City IS CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Provident Hospital Baltimore 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1136 COUNTY 13d. IHSIDE CITY LIMITS? 2115 W. North Ave. YESX NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME O FIRST LAST MIDDLE Phyllis William Redditt Egana 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION 2541 Garrett (YES, NO, OR UNKNOWN) William H. Redditt No IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Gunshot wound to the chest DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) ED AS A E CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YES X FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C AND, 21201 PRIOR TO BUR NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21E LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORK 1901 Clifton Avenue Baltimore, Maryland 22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection Inquiry Hamicide XX Undetermined monner TITLE (SPECIFY ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE 7/23/81 Baltimore Cem. Baltimore, Md. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Wm C March F/H 1101 E. North 15M 2/80

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B	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1	18211
1 71 1		CEASED NAME FIRST CALA	MIDDLE	REGIN		MONTH DAY YEAR 26 HOUR 7 - 2-81 / A.M.
	3. SE		NE 500.	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 11 33		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	CR COUNTY OF DEATH
203 Filed with	1	BACTURAL .	SHOUTH BALL	fund bemind	120 USUAL OCCUPAT	
AND 21:	130. 3	AL RESIDENCE (IF NURSING HOME OF	NTY 131. GITY OR 10	WOLF YES NO NO		it st. FESERIL Hill.
maryl, maryl ampletely 1 ond 2 s	A	nthony	MIDDLE LAST		MIDDLE	Cade
be executed on and contains. Pages		VAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)		iggins, Jr.	875 Morrison Ave.
DS, 2D1 W. PRESTON ST., Equires that the death certifical signed by the attending phy hen please remove carbonpo to buriol, cremotion, or removilury, or other traumatic event	z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQ (b) S DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE		DITION GIVEN IN PART 1(0)
L RECOR	CERTIFICATION	190 DATE OF OPERATION		TH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL OR ATTEN retoined by the hospitol TO FUNERAL DIRECTOR: should be detoched for us with the State Dept. of He MAPORTANT: If Hem 21 is		sow the decessed olive on obove, (I) (we) (did) (did no 22b. SIGNATURE	Ducies V.	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS SOUTH	G _ MEDICAL _ STA	FF CIAN A COURSE STORED
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DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME OF OUT	2 Defelladores	so Liberty Ple	DATE REC'D. BY REGISTRAR	25h. RECOTRAR'S SIGNATURE

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valo navidle ADU etmiviyonnei religion to the contract of th Parel and a conject (A x England x xeek) wrenifed a brefered j - m eigen E matilita Mariol 57-20101 Colding Committee Baltimore County, 1 glass Craredrinast Comercy lies to 1007 old Fastern Live. III Steller requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

STATE REGISTAR R				DEPART		ALTH AND MENTAL HYG	IENE 8		8	Aim .	1
December		FOR STATE		- LI AKI	CEDTIEL	CATE OF BEATH					
WILLIAM E. REYNOLDS 3.5EX Male White White May 25, 1920 Wharring to be the common of the country of the c	313	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.			
WILLIAM E. REYNOLDS 3. SEX Male White Wh			FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH		2.0	НО
Maje S. Date of Birth May 25, 1920 S. Date of Birth May 25, 1920 S. Date of Birth May 25, 1920 S. Date of Birthplace (State or oreign) S. CHIZEN OF WHAT COUNTRY? S. MARRIED Death S. AGE (INVEASUAL SEARCH) S. BALTIMORE CITY OF COUNTY OF BEATH S. MARRIED Death Death			LIAM	E.	RE	YNOLDS		JULY	13,18	1 2	2 :.
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Maryland Harford Bel Air No 1413 Fountain Green Road		USUAL RESIDENCE (# NURSING	HOME OR OTHER INSTI	TUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS				
Andrew E. Reynolds Mary M. MIDDLE Heaps 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WW. 204-05-3893 Laura F. Minnick, Bel Air, Md. 18 CAUSE OF DEATH (Enter only one couse per line for [o], (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic shock Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) Urinary tact intection 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. BUT OR AS A CONSEQUENCE OF VES WERE FINDINGS USING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) Urinary tact intection 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 10 CAUSES OF DEATH (FITTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. INJURY OCCURRED 216. FARM, ETC) 216. INJURY OCCURRED 216. FOR INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. INJURY OCCURRED 216. FARM, ETC) 217. ACCIDENT WAS UNDERLYING 127. CITY OR TOWN COUNTY	39						1413 Founta	ain Gr	reen R	oad	
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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 169 SOCIAL SECURITY NO. 17 INFORMANT Laura F. Minnick, Bel Air, Md. 18 CAUSE OF DEATH (Enter only one couse per line for Io), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (b), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c). 190 DATE OF OPERATION 190 CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c). 21a ACCIDENT WAS UNDERSTRING OR CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c). 21a ACCIDENT WAS UNDERSTRING OR CAUSE OF DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO COUNTY. 21a ACCIDENT WAS UNDERSTRING OR CAUSE OF DEATH OR COUNTY. 191 CAUSE OF DEATH ON THE MEDICAL EXAMINER. 21a INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21a INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21a INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21a INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21a INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21b INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21c INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2). 21d INJU	26					Mary		Heaps	3	LAST	
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226. Certify that (1) (this hospital) attended the deceased from 19 19 10, and that in (my) (our) opinion death occurred on the date and hour and from the causes s obove. (1) (we) (did) (did not) view the body after death. 226. DATE SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7	Conditions, if only, we gove rise to immediate to immediate to immediate to immediate the course (o), storing underlying cause PART 2 OTHER SIGNIF WHILE OR CONTRIBUTING CAU (IF EITHER NOTHEY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify that (1) (the sow the deceosed obove, (1) (we) (did) 22b. SIGNATURE	DUE thich diote the lost. ICANT CONDITIO IPB. C IPB	TO, OR AS A CONSEQUE	ENCE OF SEGIO DEATH BUT NO PERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 211 HOW INJURY OCCURR 211 LOCATION STREET 4 that in (my) (our) opinion of GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOSE NOSE CITY OR TO MEDICAL STA DIRECTOR PHYSIC	206. IF YES IN CERTIL YE RY IN ITEM 18. I	S, WERE FIN S, WERE FIN YING CAU SS COUNTY TO ON FRANT 22c. D. 7	IDINGS SES OF 2)	GUSE DEANO [
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STATE OF MARYLAND

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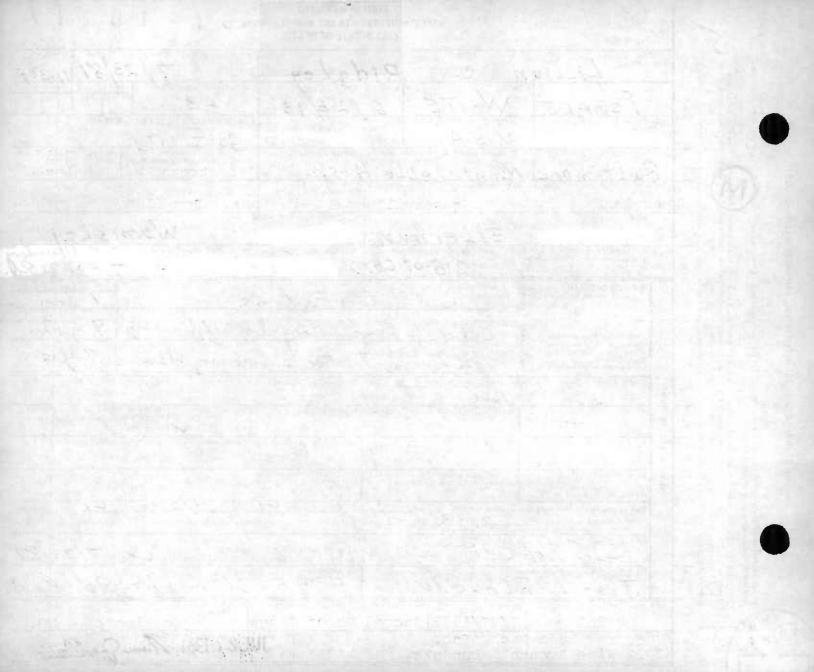
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ECESSARY, PLEASE FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FC	RTHPLACE (STATE OR PREIGN COUNTRY)		ITIZEN OF WH	IAT COUNTRY?	8. MARR	IED X NEVER MAR	RIED 7.	BALTIMORE	_		EATH	
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H-1898/21	14. F/	ATHER'S NAME	MIDD	DLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Mary Connell LAST						
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A. PRESTON ST., BALTIMORE, MD. WITHIN 24 HOURS AFTER DEATH. IF NCIL IN ITEM 18. GIVE PAGES 1, 2, INNER ALONG WITH FORM PM 3. RANSIT PERMIT. PAGES 1 AND 2 SI TALHYGENE, DIVISION ©EVITAL R REMOVAL.	(1	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR	RDATES)									
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WE BE SHANN		death resulted from	m: Natural cau	ises XX,	Accident, S	uicide	, Hamicide	Undeterm	nined manner	□ .			
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THE CASE		EXAMINER'S NAME	Virgin	ia L. D	Dolan, M.D.		1000000	II Penr	n Stree	†			
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a. B	URIAL, CREMATION,			123c. NAME OF C		ADDRESS	123d. LOCA	TION				
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DHMH-17	24. F	UNERAL DIRECTOR		0	-10		ZSa. DATE	REC'D. BY RE	GISTRAR 25h	PEGISTRAR'S	SIGNATU	RELLO	
(VR A15 ME (5))		Burgee Fi	meral Ho	ome 363.	l Falls Rd	• Bal	ti. Ju	LIUI	981	Janu Q	an //	rthe	

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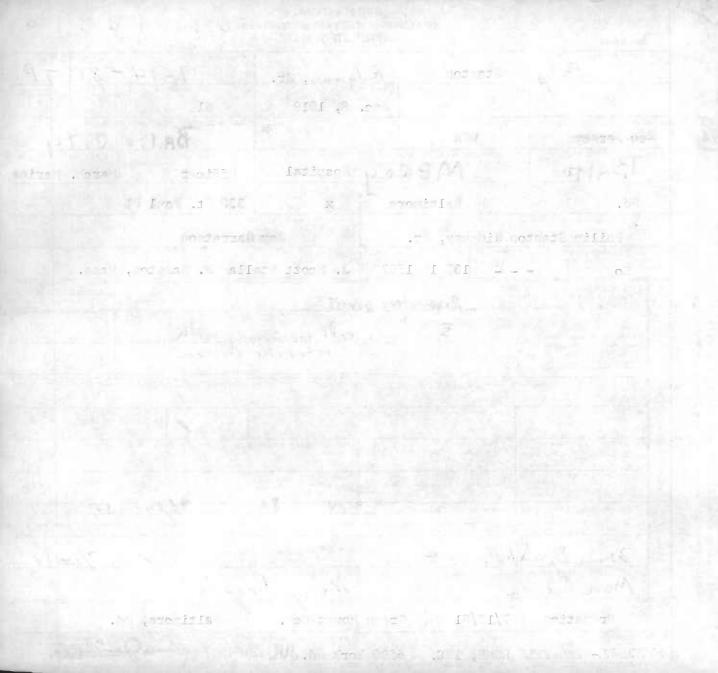
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

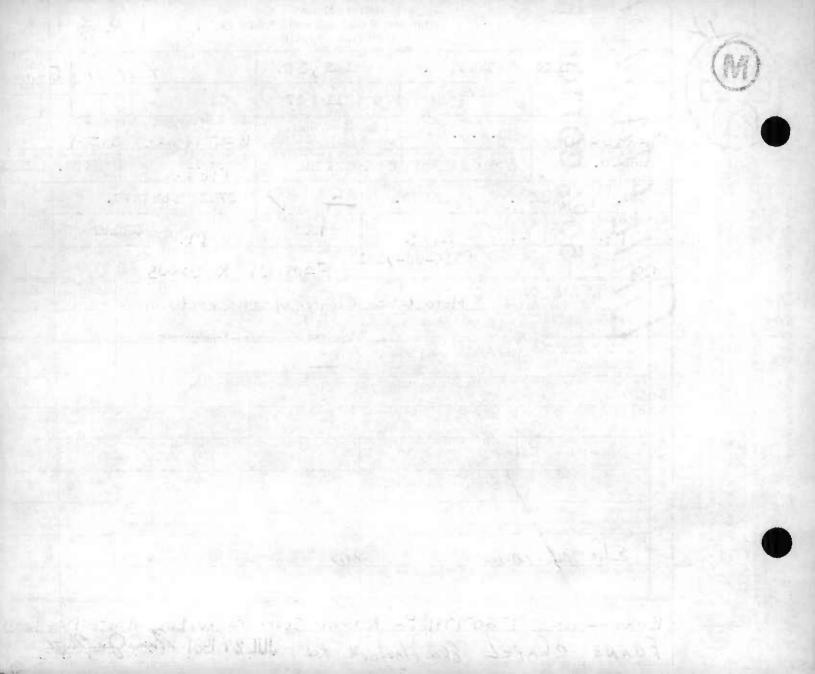
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STATE OF MARYLAND



STATE OF MARYLAND



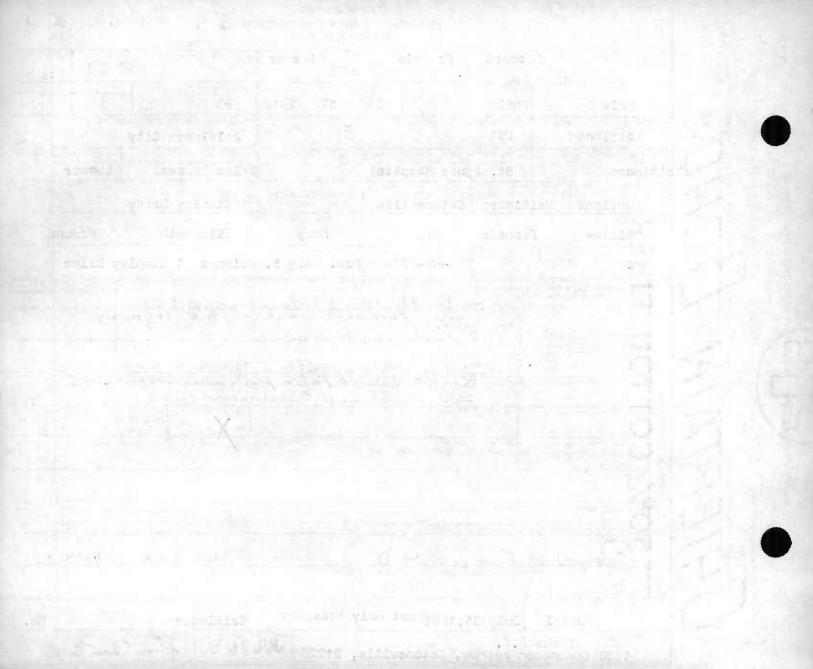
1630 Edmondson Avenue, Catonsville, 21228

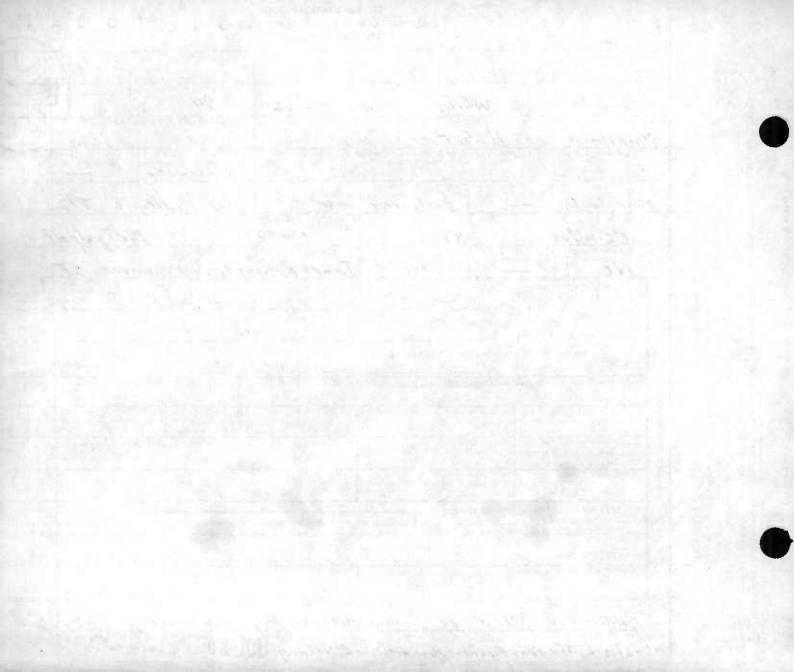
FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





Service - Benson, Md.

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

2b HOUR

12b KIND OF BUSINESS OR

Roach

as #13

NO [

STATE

COUNTY

Martinsburg Berkley W. Va.

22c. DATE SIGNED

None

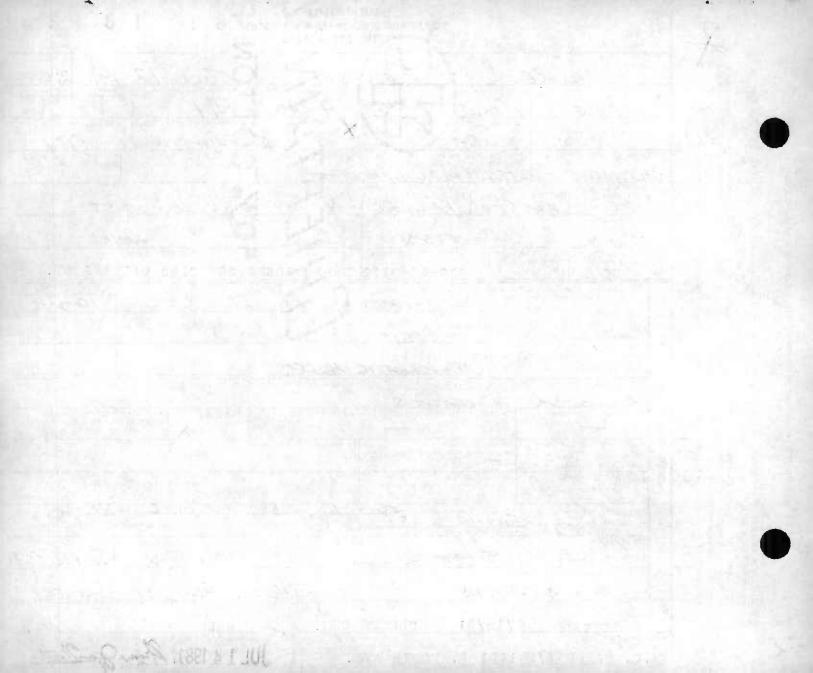
IF UNDER 1 YEAR

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IF UNDER 24 HRS

DHMH-16 30M 2/80 (VRA 15, 4)

ELO SARRINO DE LUC. Las accesas de la companya de l



20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) - HARLES RUBINSON 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3. SEX MALE 18 BUACK To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALT. DISABLED LUTHERW HOSPETVY L USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BAZT 1100 MKKEAN AVE. MI NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ROBINSON MIDDLE CHRISTOPHER ELIZABETH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 224-20-0337 ERNEST A. ROBINSON 2114 BRADDISH AVE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CAUCER 1.W6 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NUNE NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE July 25 22a.1 certify that (1) (this hospital) attended the deceased from. July 25 19 61 san the deceased alive on above, ut (we) (did) (did not) view the body after death and that in (my) aur) apinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR | PHYSICIAN **PHYSICIAN** 22e ADDRESS the S should b with the 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) DUBP. BALTIMORE

REG. NO.

26 HOUR 0300 M

25

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9. BALTIMORE CITY OR COUNTY OF DEATH

BALT, CITY.

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE

OUTLAW

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YES [

STATE

NO I

7/29/81 NAT'L MEM. PK BURTAI

COUNTY

COUNTY

STATE MD

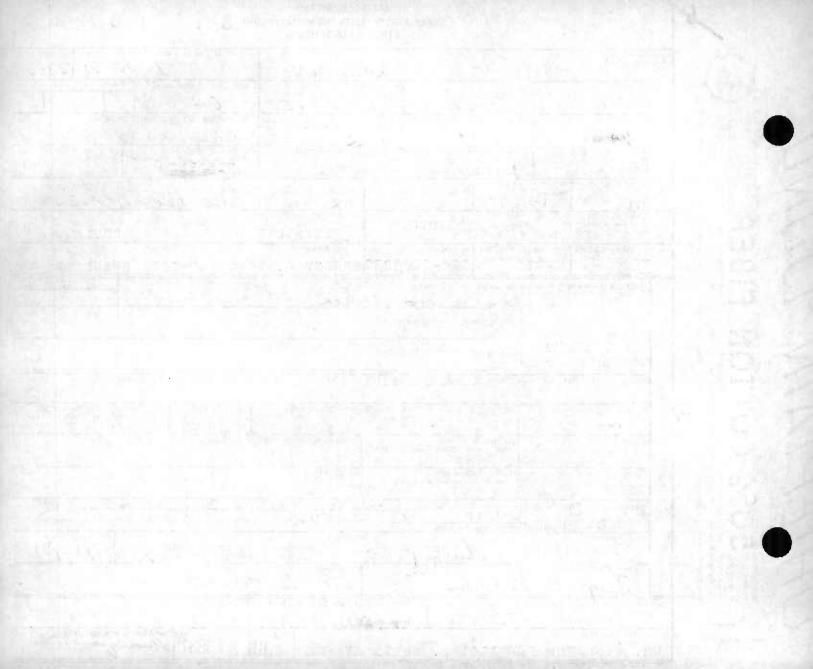
DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

24 FUNERAL DIRECTOR C. MARCH F/H 1101 E. NORTH AVENUE

250. DATE REC'D. BY REGISTRAR 251 BIGISTRAP SEIGNARD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2h HOUR ELORES ROBINSON 6. AGE (IN YEARS AST BIRTHD OF CONTRACT WEND IF LINDER 24 HRS 36 AR 45 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SECOURS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAN 14 FATHER'S NAME ROBINSON NALKER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT | Ben Robinson 1701 W. Lanvale St. 220-38-79 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ARDIO - RESIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS YEARS HEPATIC Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF SYNDROME HEPATORENAL underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VARICES 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify that the this haspital attended the deceased from. and that in a four opinion death occurred on the date and hour and from the causes stated did not view the body after death 22h SIGNATURE DEGREE 221. DATE SIGNED ATTENDING Y MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS OHENT 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Baltimore MD 7/31/81 Mt. Calvary Cem. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4)

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Pool and		IRTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8	□ NEVER A	AADDIED []	BALTIMORE CITY O		Y OF DEATH		
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S. Africa		22a.l certify that(1) (1	this hospital)			July	21	. 19 3(, to July 2	2	19.01	. thor ID(w	re)
prite prite for v of H		saw the deceased	olive on	Tule,		, one	d that in (my	(our) opinion o	leoth accurred on the de	ate and ho			
REC hed hos tem		226. SIGNATURE				D	EGREE	ECUI V			22c. DAT	ESIGNED	

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FOR

- STATE

(TYPE OR PRINT)

1 DECEASED NAME

REGISTRAR

COUNTY STATE that (I) (we) lost ate and hour and from the causes stated 22c. DATE SIGNED should be detach with the State De IMPORTANT: If H ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7-72-81 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS STEPHEN OSMIANSKI MD. BAUT, CITY HOSP, BALT, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL, CREMATION, REMOVAL 236. DATE STATE 7/25/1981 Burial Sacred Ht.Of Jesus Baltimore MD. 24 FUNERAL DIRECTOR Duda-Ruck, Incappress 250. DATE REC'D. BY REGISTRAR 11 DHMH - 16 50M 7/77 (VR A 15 (4)) 7922 Wise Avenue Dundalk, MD. 21222

STATE OF MARYLAND

CERTIFICATE OF DEATH

RARINGON

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

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2b. HOUR

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MD. 21219

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

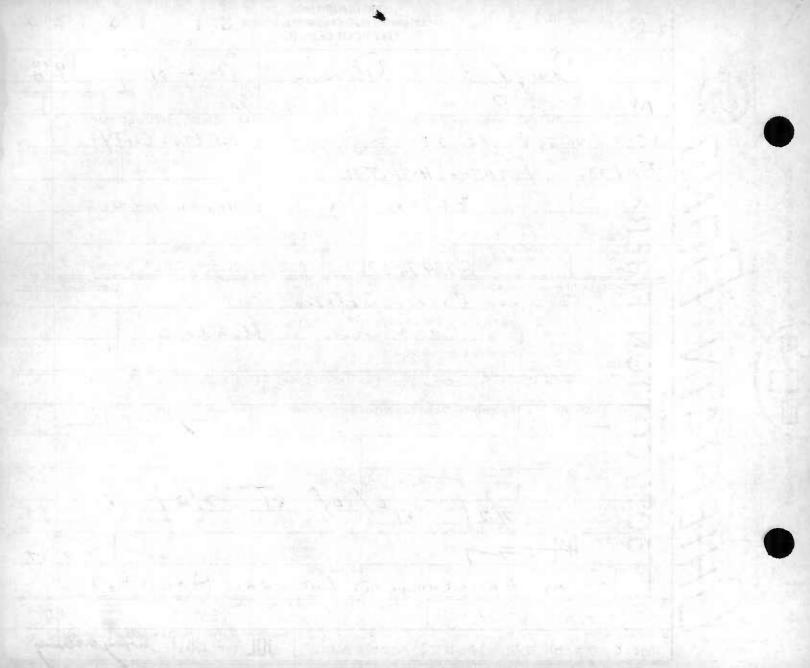
20. DATE OF DEATH MONTH

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STATE OF MARYLAND

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168 35 3		COUNTRY	76. CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
· · · · · · · · · · · · · · · · · · ·	10.0	EST LNDIES	11. NAME OF HOSPITAL, N	JURSING HOME OR		12a USUAL OCCUPATIO	N 136 KIND	MD. OF BUSINESS OR
by the filed	1	RAITA	LUTHERAN	E STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		
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ST., BAI		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		(b), and [c], 1	Til		BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
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the of the or remover troops		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
201 W.P		underlying cause last.	(c)					
	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN IN PART 1	.(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir otherding physician. Ifter this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior to be orked or them 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION	196, CONDITION FOR V	WHICH OPERATION V	WAS DEDECIDATED	20s AUTOPSY?	206. IF YES, WERE FIND	INGS LISED
e law nos bu we on which we only the weak well as well a	IFIC,	DATE OF OFERATION			AS TENT ORMED	YES NOW	IN CERTIFYING CAUSE	
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OR ATTEN the hospital DIRECTOR Sched for us Dept. of Hem		abave, (I) (we) (did) (did not 27b, SIGNATURE) view he bady ofter death.		GREE	ocam accorded an me day		E SIGNED
the of the Desperate Des		HA	27		ATTENDING PHYSICIAN [MEDICAL STAFF	1 7	-2-87
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DHMH-16 30M 2/80 (VRA 15, 4)		m. C. March	F/H 1101 E	RRESS North		TE REC'D. BY REGISTRAR 2	SI REGISTRAR'S SIGNA	Chrody



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F., BALI ertificat physicii papers. emoval.		18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), a	nd (ch)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., genti		PART I: DEATH WAS CAUSED	CAUSE (a) CARDIO -	RESF	IRATORY AR	REST	30 MINUTES
ndin arbo	13	5860	DUE TO, OR AS A CONSEQU	JENCE OF	/		
er tr		Conditions, if ony, which			TESTINAL B	CEEDING	5 hours
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s bee	₹ ¥	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR		
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TAT I STATE OF THE		sow the deceased alive an above, (1) (we) (did) (did not	view the body ofter death.	\$1.	ind that in (my) (our) opinion	death occurred on the d	ate and haur and from the couses stated
hosp DIRI		226 SIGNATURE			DEGREE		224 DATE SIGNED
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d by NER NER NER TA	1	12 PHYSICIAN'S NAME (TYPE OR			27e ADDRESS		1 8
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DlaDZ +#3=	23a.	BURIAL, CREMATION, REMOVAL	A 1 - 1 - 1	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
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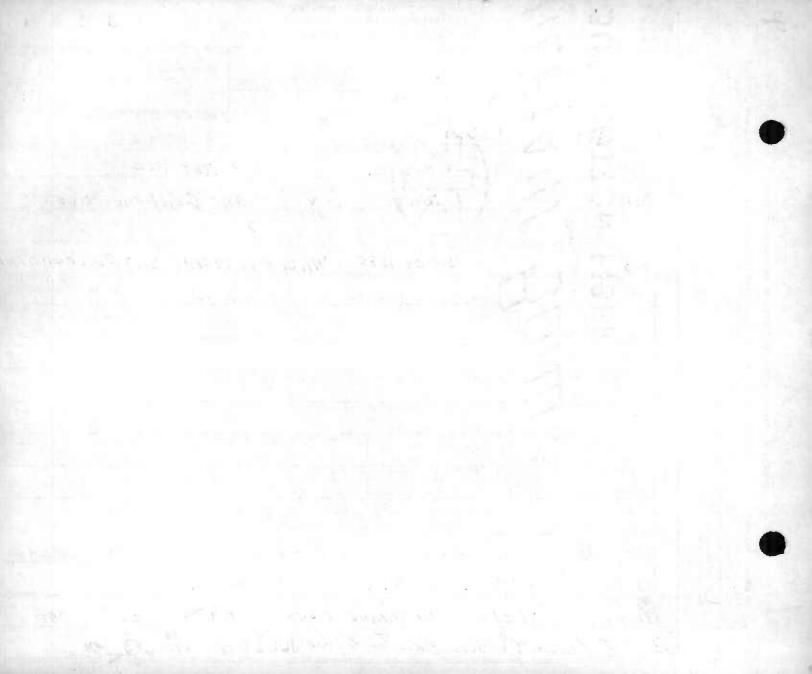
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PAGE SUITE		Caro Y OR TOWN Baltimo	OF DEATH	11. NAME OF HOS	ACILITY, GIVE ST		E, OR OTH			USUAL OC	CUPATION WORKING LIFE)		K 12b Kir	ND OF BUS	MD.
H. IF ANY DELAY IS NECESSÁRY, FULLA AND STOTHE FULLE CHARLES AS STORY PROVIDE BE FILED. FIFTER PAGE STORY FULLED AS SHOULD BE FILED. FIFTER STORY FOR STORY	USUA 13a. ST	RESIDENCE		OR OTHER INSTITUTION, G	NE RESIDENCE			13d. INSIDE CITY	LIMITS? 13	3 N AD	M8unt	St.			
SATTER DEATH. IF GIVE PAGES 1, 2, 3, 11H FORM PM 3.	14 FA	THER'S NAME FIRST		MIDDLE R	odger	LAST S		15. MOTHER FIRS Magg	S MAIDEN N	NAME	WIDOTE			LAST	
URS AFTER DE SUIVE PACE WITH FORM IT. PAGES 1, DIVISION OF THE PACE SUIVER OF THE PACE SU	16a. W	AS DECEASEI S, NO. OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOC 244	20 5		Beula	h L.	Banks	3707	Col	borr	ne Ro	d .
V 24 HOURS AF N ITEM 18. GIVE ALONG WITH I IT PERMIT. PAG YGIENE, DIVISI		TR CAUSE O PART I DE	ATH WAS CAUSED	ly one cause per line D BY: TE CAUSE (o)			otic	cardio	ovascul	lar di	sease		BETW	PROXIMATE I	NTERVAL AND DEATH
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NON NOT NOT NOT NOT NOT NOT NOT NOT NOT	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TER	MINAL OISEASE	OR CONDITION 6	GIVEN IN PART 1	(0).					
E SHOULD WORD "PE E CHIEF N BE USED N NT OF HE	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPE	RATION W.	AS PERFORM	ED?					UTOPSY?	NO [X
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA ATTO FUNKEAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;			y that I took chorg	e at the remains de	scribed obo Accident		Autops	y [],	Inspection J	Inqu	,	ond in my	opinion		
CAL EXA THE CERT SHOULD SHOULD ATH, WIT RE, MARY		ACTUAL SIGNATURE _	the	Mais)		м.	Assist	tant	MEDICAL E	CAMINER	DAT SIG	E NED	7/14/	81
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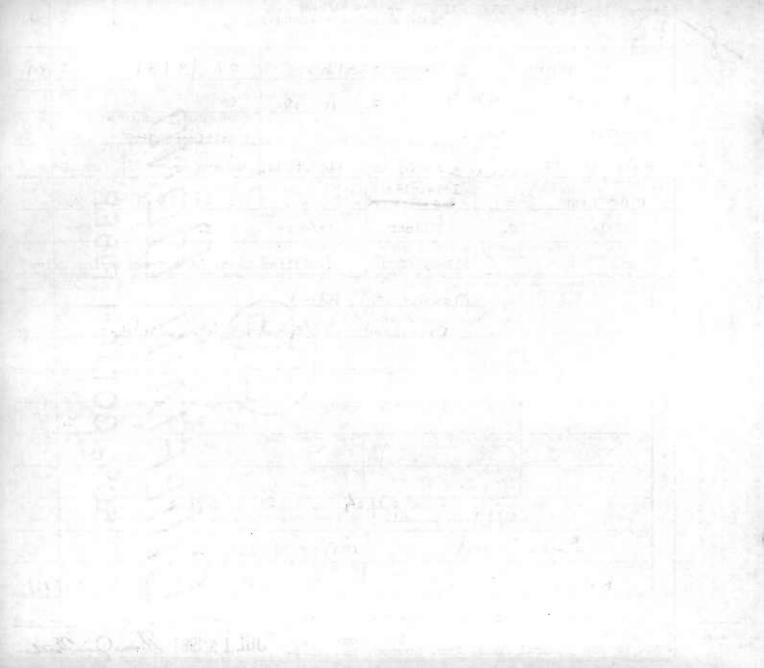
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	FOR STATE		DEPARTMENT OF		MENTAL H			8 2 3	€.
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10.0	CITY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INS		120 USUAL OCCUPA	TION (TYPE OF WOR		
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13 a. S	STATE 136. COL	NTY	BALTO	13d. IN YES		3117 Ge	ILFORE	AVE.	
14. F	FATHER'S NAME FIRST	WIDDLE	LAST	15 M	OTHER'S MAIDEN	NAME	DLE	LAST	
160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY		FORMANT		ADDRESS	0	- h
	IB CAUSE OF DEATH (Enter		214-24-16	3 V	YILBUR	W. ROGER	31170	GUILT OF	
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	22a I certify that I toak cha			TIT	Inspection Hamicide ,	Undetermined mon			-81
230.		/irginia L J?3b.DATE	. Dolan, M.D	• ADDRI	ESS111	Penn St.			
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0 212	A home	ed in	Set be	130	AL RESIDENCE (IF NURSING	HOME OR OTH	HER INSTITUTION, GIVE RESIDEN		13d. INSIDECITY	Y LIMITS?	13e STREET ADDRES	5 11)-1	(2-0)	07
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	he h	000	±		0	1	Leanwelle	MA	ATI	TENDING		AFF	T. V	14 1901
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141	9 (1/2)				SPECIFY)	MOVAL	7-10-01	SALO	CEMETERTORCE	MARY	CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			STATE OF MARYLAND
	9	1.	FOR . DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 8 2 3 9 STATE CERTIFICATE OF DEATH
		1 DE	REGISTRAK REG. NO CEASED NAME FIRST MIDDLE AST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
e & £			Slopene A. Kossman 7-17-81 11 Am
may b		2 55	
ge 4 a	A)	3 SE	J. DAY DAY YEAR 93 YRS. WONTHS DAYS HOURS MIN.
a 6	A.	70 B	IRTHRACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
nero nn 72	(کئی		Maryland 11.5. WIDOWED DIVORCED Battimore CHY MD.
with defe	par	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH ACILITY, GIVE STREET ADDIESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE)
on s aft	16	10	Altimore Lutheran Hosp, Homemaker
2120 haurs d in by	9	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
ND 24 I	1	130.	136 COUNTY BOLL TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES D NO 5 507 Glen Allen Drive.
MARYLAND ed within 24 mpletely filler	ne	14. F	ATHER'S MAME IS MOTHER'S MAIDEN NAME
d wild	250		FIRST MIDDLE LAST FIRST MIDDLE LAST $Alice$ Howser
- 0 -	0	160 \	John F. Roth Alice Howser VAS DECEASED EVER IN U.S. ARMED FORCES? 16th SOCIAL SECURITY NO. 17 INFORMANT Mr. Stanley R. ADDRESS SMOON VES. NO OR UNKNOWN) I (IF YES, GIF WAR OR DATES)
BALTIMORE, cate be execu-	medica	- {	
LTIA ion irs. P	F &		No 2142480172965 Rockwood Cove Sarasota, Fla. 33580
, BA incate incate pape aval	nt, t	- 111	18 CAUSE OF DEATH lEnter only one couse per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.
ST.	e <		IMMEDIATE CAUSE (a) MTAC CILLATOL TOT. LO
PRESTON he death one attending manage cork	natio		4310 DUE TO, OR AS A CONSEQUENCE OF
dec dec atte	5		Conditions, if any, which gave rise to immediate
	ather t		couse to, stating the 1 DUETO, OR AS A CONSEQUENCE OF
201 W es that hed by please unal, c	or at		underlying couse last. (c)
	ury.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir attending physician. After this certificate has been signs of the burd-transit permit. Then he and Mental Hyatene prior to b	ic	CERTIFICATION	
PEC low	5 7	FICA	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
/ITAL	, sp	E T	YES NO YES NO
A OF VITA SICIAN: Ting physicial certificate	00		210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
N OF SICIA ng ph certific certific tental th	Hem	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
PHY endir	-	MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
A the state of the	morked	•	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
	£		220.1 certify that (1) (this haspital) attended the decease from
ATTEND aspital a sCTOR.	21		saw the deceased alive on
OR ATT	Le L		226. DATE SIGNATURE 220. DATE SIGNED
	<u>≠</u>		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR
HOSPITAL ned by 11 FUNERAL the State	AN		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
TO HOSPITAL etained by th TO FUNERAL should be defer with the State	POR		KYAW NYUNT LUTHERAN HOSPITAL
X 6 5 5 4 3	3	23a	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
beh BP_		(Burial July 21 1081Balto, National Com Baltimore City Manual and
DHMH - 16 50M 1/	76	24. F	UNERAL DIRECTOR LOYUNG BURES FUNE not Dinector D. 1250. DATE RECO. BY REGISTRAN 250 REGISTRAN 25
(VR A 15 (4))		87	28 Liberty Road Randallstown, Maryland 21153

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN KT (TYPE OR PRINT) OF ESTI-Albert Roth 7,0 81 DEATH MATED 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED male white . 81 8:38A 6/29/18 63 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? M. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA Maryland WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Self-employed 4002 Mortimer Avenue Baltimore Contractor MUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 4002 Mortimer Avenue Maryland Baltimore YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE Albert Bremker P. Roth Hortence FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT T. PAGES 1 DIVISION **ADDRESS** No 219 10 8585 Miss Frances B. Roth Same CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Carcinoma of pharynx IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION Diabetes Mellitus 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 2TE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY TO MEDICAL EXAMINER; TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR; PAFIER DEATH, WITH THE SIT BALITWORE, MARYLAND, 2 Inspection XX 220. I certify that I took charge of the remains described above, held an Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7/7/81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7/10/81 Druid Ridge Burial Pikesville Md. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 4905 York Road Balto. Md 15M 2/80

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219 10 5565 Miss Frances E. Roth Same

Burin Picas Hearn W. Jemains & Sons Co. 1908 York Road Balto., Md. 21212 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

2h HOUR

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ATE OF DEATH	HINOM	DAY	YEAR
	7 -	9-	81
E (IN YEARS LAST B	RTHDAY)	IF UNI	DER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

126 KIND OF BUSINESS OR

LTYPE OF WORK FOR MOST OF WORKING LIFE

21214

5014 Morello Road

MacDougall

Balt. . Md. 21214 5014 Morello Road

APPROXIMATE INTERVAL 17 mos

COUNTY STATE

22t. DATE SIGNED

NO T

Cockeysville Maryland

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland REC'D, BY REGISTRAR 256 MISTRAR'S SIGNATURE

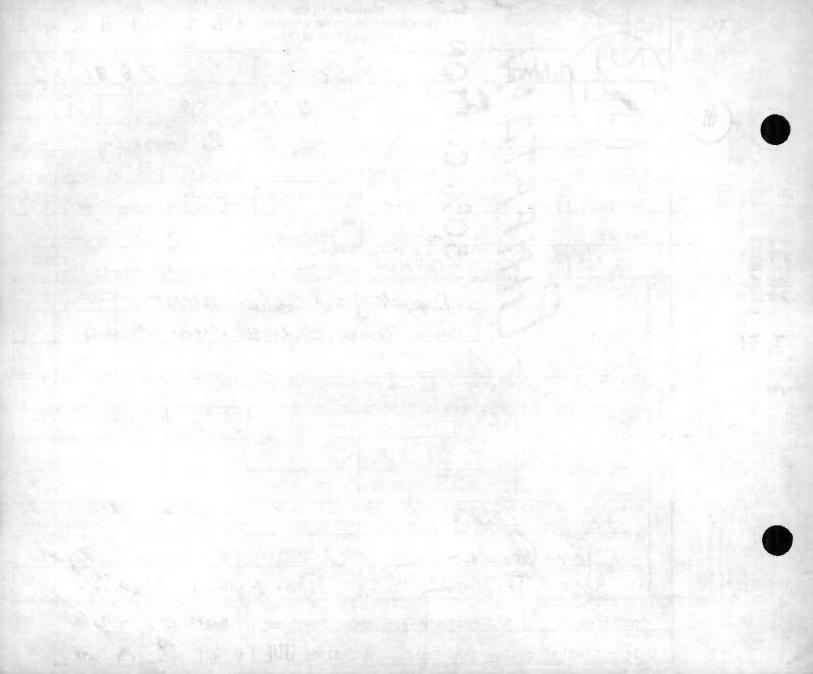
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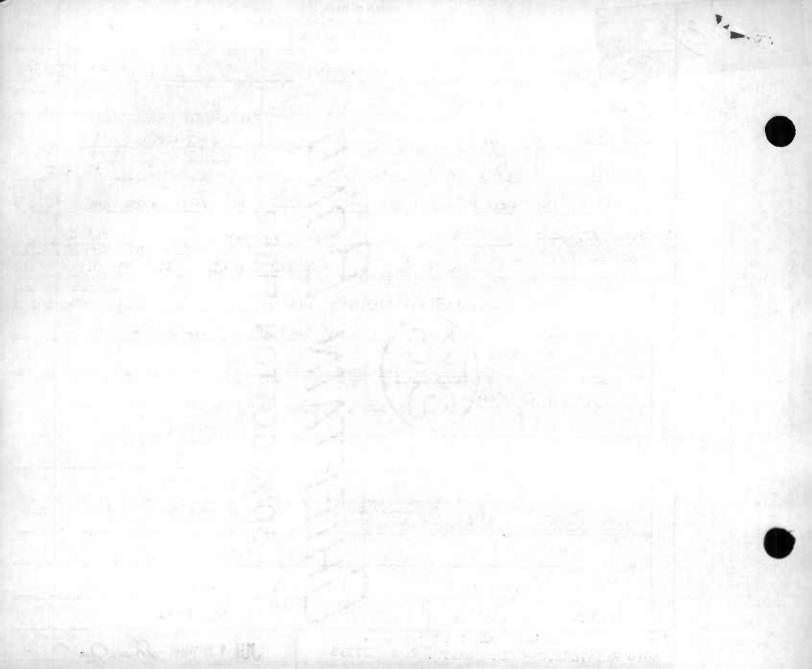
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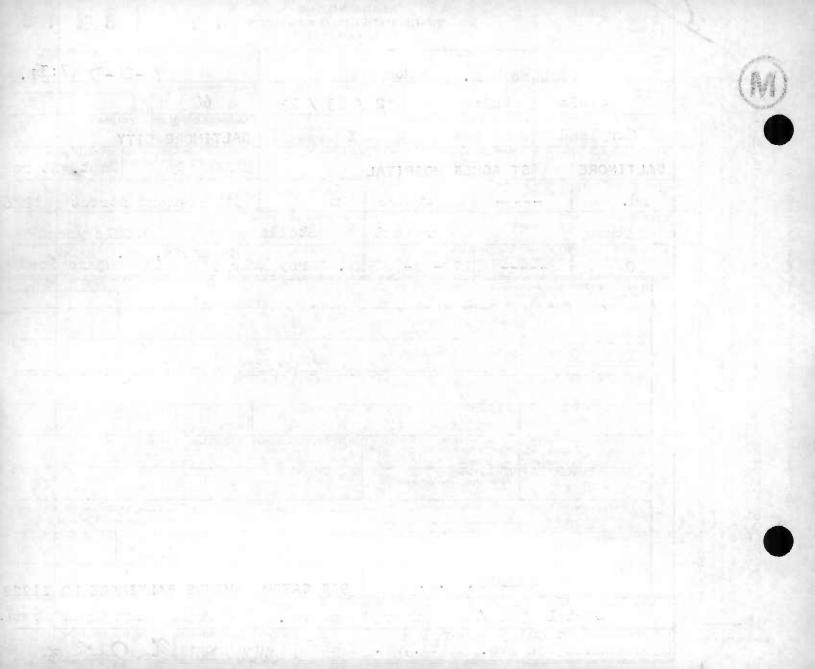
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STATE OF MARYLAND

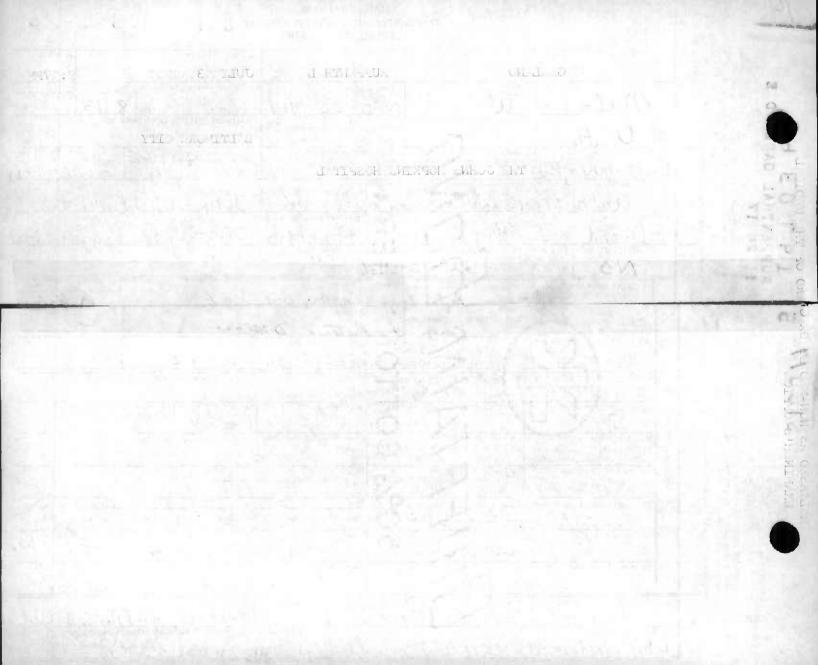




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14		FOR	THE REAL PROPERTY.	STATE OF MARYLAND		m 4	1 0 0	16
	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO.	1 0 %	
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N and a second	3. SE	Male	4 RACE	5. DATE OF BIRTH	1917 6.A	GE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	R IF UNDER 24 HRS 5 HOURS MIN.
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1 11 119	是	U.S.A.	USA			BALTIMORE CIT	ry	MD.
1 33	B	altimore. M	IF NOT IN SUCH FACILITY, GIV	IURSING HOME OR OTHER INSTITU STREET ADDRESS) DPKINS HOSPITAL		USUAL OCCUPATION PE OF WORK FOR MORE FOR WORK FOR MORE FOR FOR MORE FOR MORE FOR MORE FOR MORE FOR MOR	12b. KIND INDUSTRY	OF BUSINESS OR
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Z Sept Hard Z	14. F/	ATHER'S NAME		15. MOTHER'S MA	AIDEN NAME	> - 1140014>		700
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For the second of the second o		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES! No SOCIA VE WAR OR DATES)	SECURITY NO. 17. INFORMANT		ADDRESS	1 00	
ARD SALL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY: 0 1	(b), and (c).) actions CARDIO	genic .	Shock	APPRO BETWEEN	NONSET AND DEATH
ogn i iii		4149	DUE TO, OR AS A CON	SEQUENCE OF	7 - 16		1	
hur the decorate transfer	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	seovere of Ditery	Bunc	us ×2		
equires 1 Then ple 1 to buring	NOI	PART 2 OTHER SIGNIFICANT O		TO DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART I	(0)
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PER III	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
NASEL Service of the service of the	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE DAT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.) 211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
EXELE EXELPTION AND AND AND AND AND AND AND AND AND AN		22a F certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	7//3		r) opinion death	occurred on the date and	, 19	, that (1) (we) last e couses stated
A DIRECTORY IN THE PROPERTY OF		22b. SIGNATURE	Man me	DEGREE ATTE	NDING ME	EDICAL STAFF	, ,	E SIGNED / 3/81
O HOSPITA Passioned by TO FUNERA House to the House to the		22d. PHYSICIAN'S NAME (TYPE O	MARRONE	22e ADDRESS	hus +	400 kins	Hosp	1/
5 5 5 1 3 ·		URIAL CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREA	MATORY 23	3d LOCATION	7007	9110 4 4
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7 3		TATE EGISTRAR		MEI	DICAL EXA	MINER'S	ERTIFICA	TE OF DE	ATH RE	G. NO.	0198	1
		EASED NAME OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE KNOV	VN X MONTH	DAY YEAR	2b. HOUR
LES. S. S. S. F. C. S.			William	11	ewis		erford	Jr.	DEATH MATE	D [] 7	9 1981	M
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V PREE PREE	Ma	ryland			5.A.	MARR	ED NEVER	MARRIED		ore Cit		MD.
E, MD, 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASE S 1, 2, AND 3 TOTHE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5, POR YOUR FILES. VIO 2 SHOULD BE FILED, WITHIN 72 HOURS. VITALRECORDS, 201 WI PRESTON STREET,		yortown of DE Baltimore		(IF NOT IN SUCH FAI	St. Agn	es Hospi	-	50	MALOCCUPATIO	FE)	12b KIND OF B OR INDUS	USINESS TRY
21201 ANY D AND 3 REFAIR HOULD	130. ST.	RESIDENCE (IFINA	HOWAT		PELLICO	ADMISSION) TH City	13d. INSIDE CITY L	LIMITS? 13e. ST	REEI ADDRESS 21 H Nor	mandy V	loods Dr	. 21043
AD. 3.		THER'S NAME	1	DDLE				MAIDEN NAM				
2 日前 一名 日	Wil	lliam Ru	therford		LAST		Madel		MIDDLE		LAST	
BALTIMORE, MD. SS AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. THE PAGES 1, 2, THE SORM PM 3. THE SORM PM 3		AS DECEASED EVE 5, NO, OR UNKNOWN)	R IN U.S. ARMED HEYES, GIVE WAR		220 5	8 7710	17 INFORMAI Susan 1		312 ADI		ndy Woo	ds Dr.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER D. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAG. RIDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM CE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, CE PRARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OR PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH N Canditions, if gave rise to cause (a) stotic lying cause los	ony, which immediate ong the under-	AUSE (o) S1		d to the	Chest				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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O MEDICAL EXAMINER: THI XECUTE THE CERTIFICATE, W ACREA & SHOULD BE FORWA O FUNERAL DIRECTOR: PAC FIRE DEATH, WITH THE STA ALTIMORE, MARYLAND, 212		death resulted fro	t I taok charge of		Accident ,	Suicide	Homicide	CIFY) stant	Inquiry	and in my o		- 81
MEDICAL CCUTE THE SE 4 SHO FUNERAL LTIMORE,		EXAMINER'S NAMI	Virgi	nia L. [Dolan, M	.D.	ADDRESS	ME	Penn Str	sign eet	ED	
PAG PAG —		RIAL, CREMATION,		u.y 11		of CEMETERY O		Cit	OCATION YORTOWN		rd Mary	länd
DHMH-17 (VR A15 ME (5))		NERAL DIRECTOR	zke 411	2 Columb	oia Ra E	llicott		DATEJUD	REGISTRAR 256	REGISTRAR'S	GIGNATURE .	Ul.

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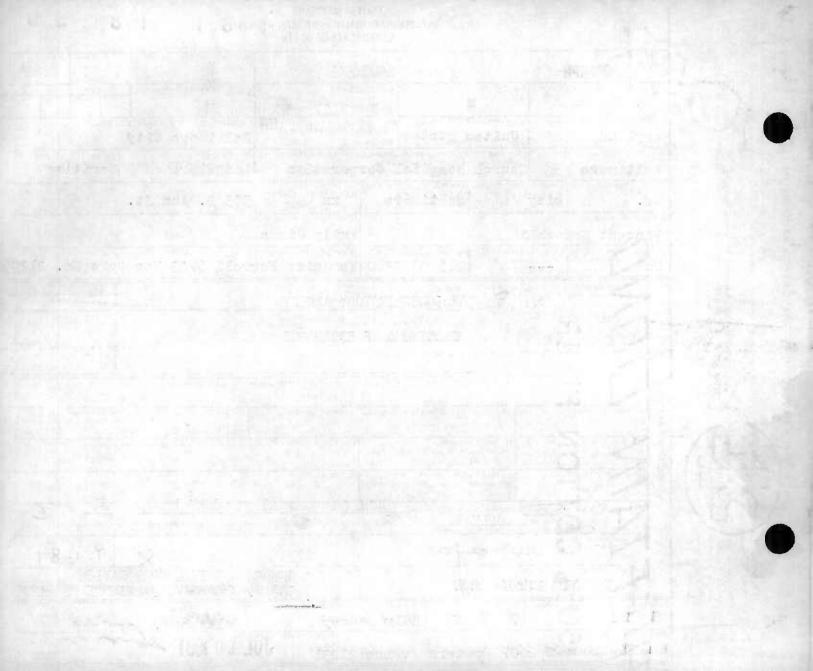
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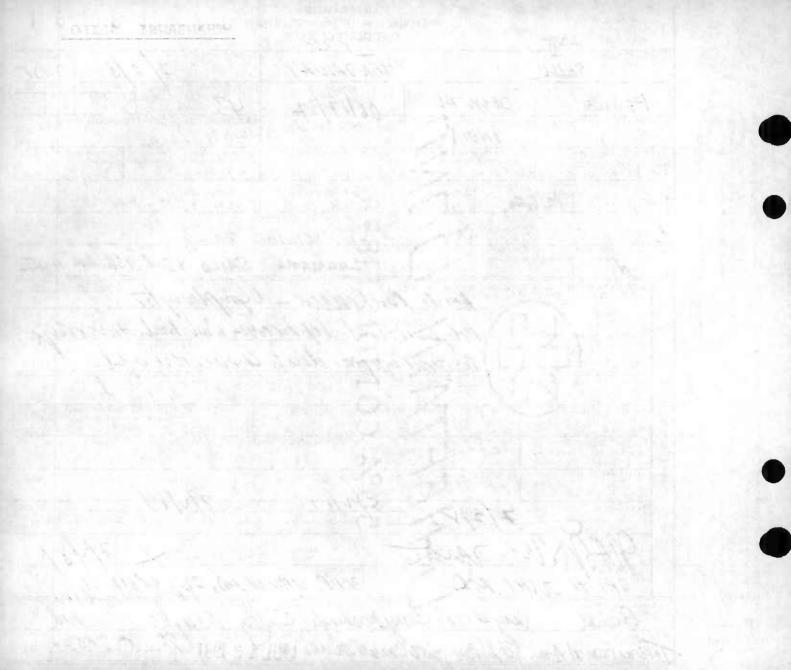
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

F-557, 7/15/81

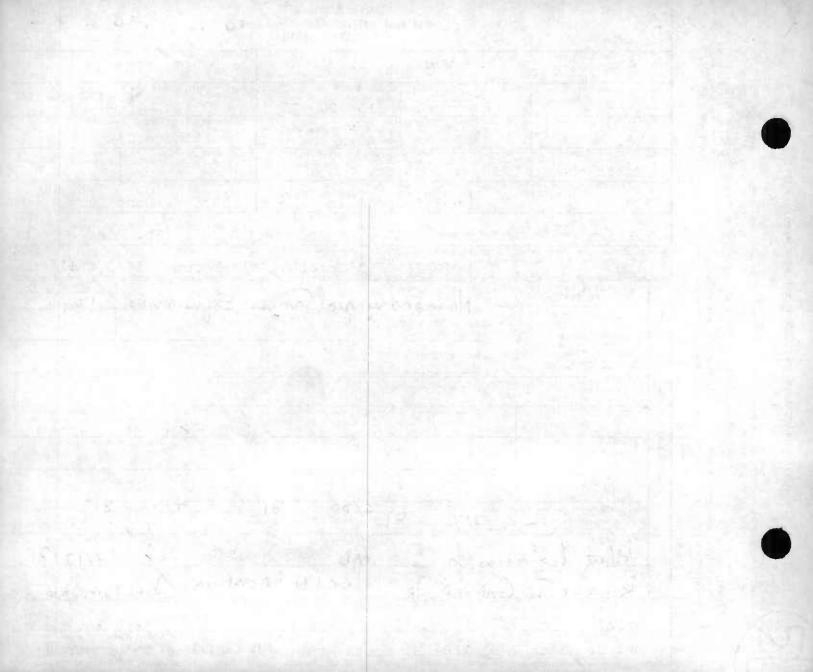
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STATE OF MARYLAND





STATE OF MARYLAND



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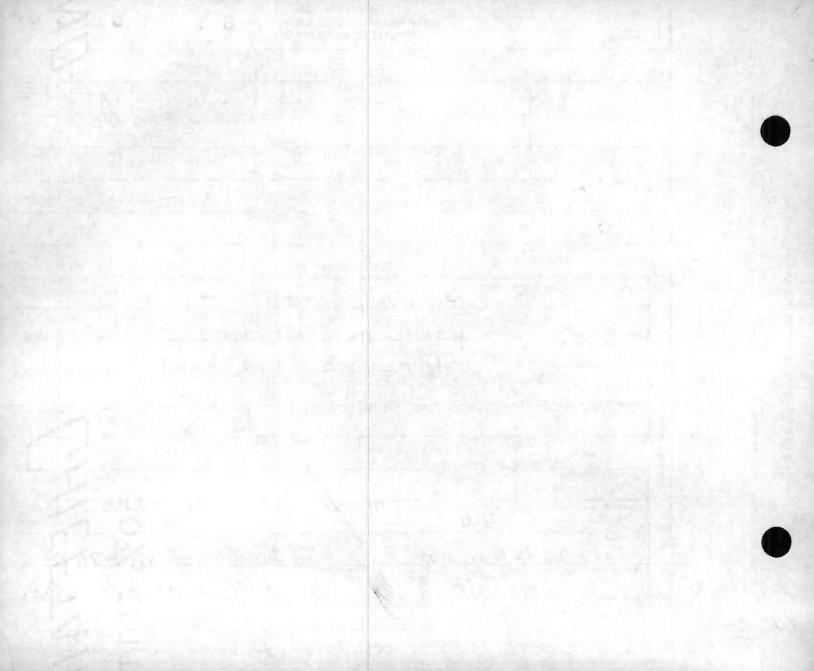
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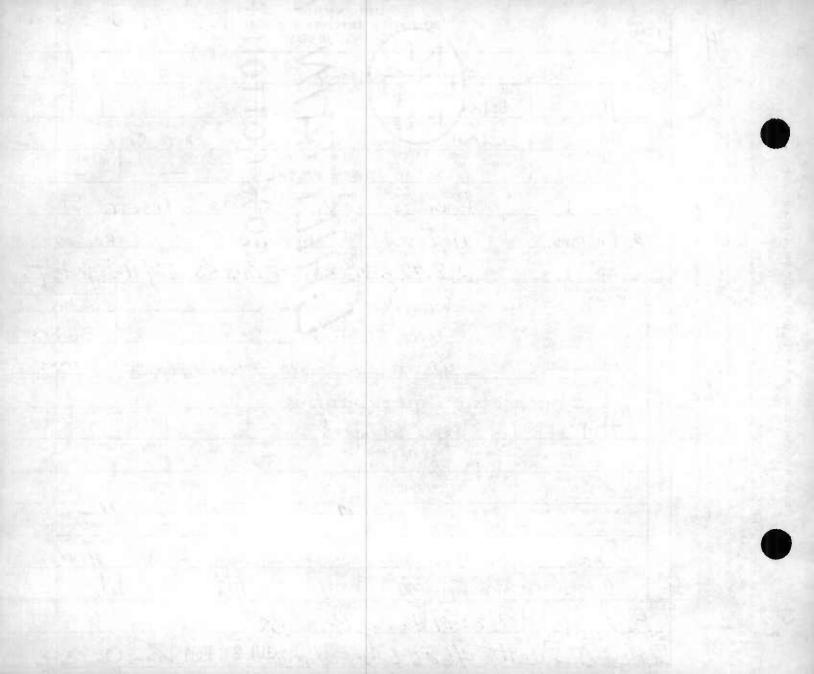
	1	REGISTRAR			CENTIF	ICAIL OF	DEATH	R	G. NO.		
		CEASED NAME FIRST		MIDDLE	ī	AST		20. DATE OF DEA		DAY YEAR	2b HOUR
	(TYPE	Mary Mary			Salı	non		July	15, 1	981	^
	3 SE	X	4 RACE		5. DATE C	-		6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YEAR	
		Female	Bl	ack	7	18	07	73	YRS	MONTHS BAYS	HOURS MIN.
7-		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
55		VA		USA	WIDOWE	D D	NORCED	Balt	imore	City	MC
X	I	Baltimore	2801	HOSPITAL, NURSIN THEACHLITY, GIVE STREET Allend	ale 1		HOITUTION	120 USUAL OCC		12b. KIND (INDUSTRY	OF BUSINESS OR
3	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE MD 13b COUN	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 131 CITY OR TOWN Baltim	N	13d. INSIDE (NO 🗌	13e STREET ADD: 2801	Allen	dale F	Rd.
~ /	14. FA	ATHER'S NAME	MIDOLE	LAST			S MAIDEN NA	ΜE	DLE		
1		Richard		ewell			isie			Tayl	or.
1	160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECU		17 INFORM			DDRESS		
1	1	10		365-16-	5224	Mary	S. Re	ed 2801	Allen	dale R	id.
	Z	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OF	RAS A CONSEQUE POMBLI RAS A CONSEQUE METAS A	INCE OF	ncer	rernice to live	ng + bro	CONDITION G	Sev.	KIMATE INTERVAL ONSET AND DEATH S. WE C. S.
2	CERTIFICATION	19a. Date of operation		TION FOR WHICH OPERATION WAS					AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES		
9	MEDICAL CE	2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1	MED	WHILE OCCURRED WHILE NOT WHILE OF AT WORK	21e, PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATI		CIT	ORTOWN	COUNTY	STATE
		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no	7/1	4/ 108		10 d that in (my		to 7/19	the date and ha	ur and from the	that (I) (we) last causes stated
		226. SHEWATURE	Bathor	n mo			ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	22c. DATE	17/81
		7. Bat	hon n	an		22e ADDRES	iv d	me He	spital	, Balt	o, Ml.
4		URIAL, CREMATION, REMOVAL	23b. DATE		IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
	1	Burial	7/20/	81 A	rbut	us Mer	n. Par	k Bal	timore	COUNTY CO.	MD
	24 FI	INERAL DIRECTOR						DEC'D BY DECIE		TO CHEST PROPERTY.	and desire

1101 ADE: North Ave.

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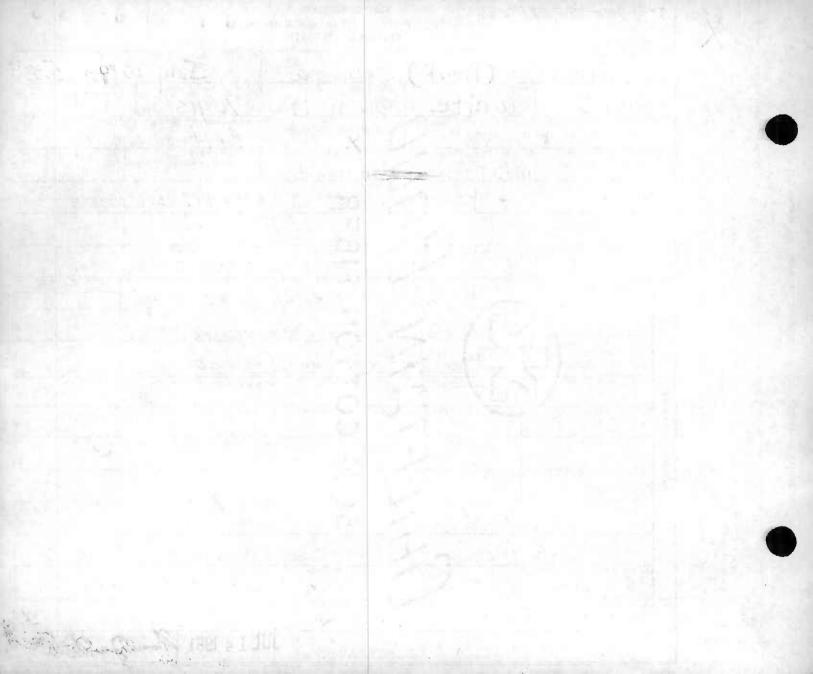
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8.0	1,	- STATE REGISTRAR			FICATE OF DEATH	REG. N	0		
7		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		YEAR 2	2b. HOUR
ge 3 % eoth	(TTP)	OR PRINT) NELL	E.	SAM	IORAS	0 7/13/81			7:30Am
may frer d	3. SE	X	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF U		IF UNDER 74 HRS
6		Female	White	8	4 1921	59	YRS.	DAI3	MIT MIT
Society P. P.	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALITIMO		DEATH	MD.
2 2 2 2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATI		26. KIND OF NDUSTRY	BUSINESSOR
5 5 D	9	Baltimore	THE JOHNS	HOPKINS	HOSPITAL.	Homemaker		Home	
22 00 mm	130	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDED	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	DOI:DOM		
日 日 日 50				Air	YES NO	513 Lee Wa	ıv		
	14 F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME			
\$ 10 mm 2/	2	Clarence		late .	Bertha	B.	7	ate	
# 1		VAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	Havre de			and 21078
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imit!		18 CAUSE OF DEATH (Enter	anly ane couse per line for (a SED BY:						ATE INTERVAL
000 4779			SED BY: ATE CAUSE (o)Pいとい	בושמתנ				Far	0971
X		1749	DUE TO, OR AS A CO						
25		Conditions, if any, which		IT TO C	BREALT C	ancivona			
2 2 2 2 2 3		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO						
3 1 1154		underlying cause lost	DUE TO, OR AS A CO	INSECUENCE OF					
2 1 1 1 2		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	N PART 1(0)	
S MARIE	ON	1000							
PECORDS	4	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI		
3 28 151 84	CERTIFICAT					YES NO W	IN CERTIFYING		NO []
\$ 9% STEE	T E	210 ACCIDENT WAS UNDERLYING		ITIL	21c. HOW INJURY OCCUR		RY IN ITEM 18, PART 1	OR PART 2)	
DIVISION OF VIT	\ \	OR CONTRIBUTING CAUSE OF D		TH DAY TEAR					
No see see see see see see see see see se	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	,	21f LOCATION	TA SHIP OF SHAPE			
SIA THE P	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR)	r, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	/N (COUNTY	STATE
D S A SUB		220.1 certify that (1) (this has	pital) attended the deceased	d from	A 25 19 81		13 19	81 th	nat (I) (we) lost
E E D E E		saw the deceased alive of	not) view the body after deat	19 81 .0	nd that in (my) (aur) opinion	death accurred on the de	ate and have an		1 1 1
A SE		22b. SIGNATURE	not) view the body after deat	n.	DEGREE			22c. DATE S	IGNED
0 1 0 0 0 1		1/	4 2		MD ATTENDING	MEDICAL STAI	FIANTE	2/12/	101
E 2 E 2 S 3	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	_ DIRECTOR FITTSIC	IAIN	1/13/	
SA SE		NICHOLAS A.	SHONTIGAL	mp	my Annuit	the orall at	led a reas		
0 6 5 8 3	230	BURIAL, CREMATION, REMOVA			THE JOHN!	123d LOCATION	HOLPITON		
BP	130.	SPECIFY) Burial	15 July 81		View Cemeter	CITY OR TOWN	III Har	ford I	Md STATE
A STATE OF THE STA	24 F	UNERAL DIRECTOR	11) 001	Daherse		JE REC'D. BY REGISTRAR			
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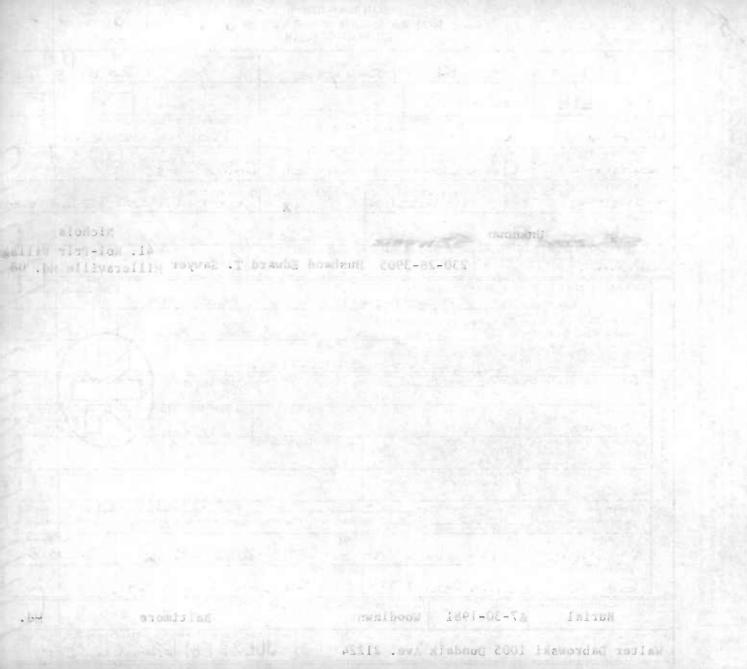
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-		500			STATE OF MARYLAND	0 1	8 2 5 /
	1.	FOR STATE REGISTRAR			T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH		0 24 0
		CEASED NAME FIRST	A	AIDDLE	LAST	REG. NO.	DAY YEAR 2h HOUR
	{TYP	William William	F	rederick	Sauer	Tuly 4	1981 7:00
1	3 SE		4 RACE		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 I
		Male	White	e <i>I</i>	April 30, 1914	4 67 YRS	
976	76 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8	ARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
:50		Maryland	USA	WI	DOWED DIVORCED	BALTIMORE C	
T Kied	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
0/1		BALTIMORE AL RESIDENCE (IF NURSING HOM	ST.A	GNES HOSP	ITAL	Time Keeper	Accounting
3	Ma	aryland Ba	ltimore	Timonium	13d. INSIDE CITY LIMITS?	9 Teaneck Ct.	.,Mays Chape
OF THE	14 F.	Ambrose	MIDDLE G.	Callast	15 MOTHER'S MAIDEN N Charlotte	AME	Parr
121	V.			Sauer		ADDRESS	Parr
P 7			ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURITY			C. m.
E		Yes -		214-01-71		auer 9 Teaneck	Ct. Timonium
8		Conditions, if any, which		SEPTIC S			
è	ICATION	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF (c) H OT CONDITIONS CO	AS A CONSEQUENCE YPER KALEMI INTRIBUTING TO DEAT YSIGM CARON	OF A 2º TO RENAL H BUT NOT RELATED TO THE TER		GIVEN IN PART 1(a)
shows ony injury, or	ERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. RART 2 OTHER SIGNIFICAN PARKINSOUNS M. 190. DATE OF OPERATION NO NE	DUE TO, OF (c) H NT CONDITIONS CO HYPERTE (19) CONDI	R AS A CONSEQUENCE Y PER K ALCANI NTRIBUTING TO DEAT WIGHT CONTRIBUTION FOR WHICH OPE	OF A 2º TO RENAL H BUT NOT RELATED TO THE TER L PENAL FINIUM RATION WAS PERFORMED	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF F TOTAL BERABLE 100 AUTOPSY? YES NOW	GIVEN IN PART 1(a) F. CHUSE OF SEPT YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH? YES \(\) NO \(\)
m 18 shows any injury, ar other tra	AL CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. FART 2 OTHER SIGNIFICAN PARKINSOU'S M 190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OF (c) H AT CONDITIONS CO HYPERTE 19b CONDI DEATH HOUR A.	R AS A CONSEQUENCE Y PER KALCANI NOTRIBUTING TO DEAT YS CARCON TION FOR WHICH OPE FINJURY M. MONTH DAY	OF A 2° TO RENAL H BUT NOT RELATED TO THE TER C PENAL FRICULAR RATION WAS PERFORMED 216 HOW INJURY OCCU	MINAL DISEASE OR CONDITION CE TO THE PROPERTY OF THE PROPERTY	GIVEN IN PART 1(0) F. CHUSE OF SEPT. YES, WERE FINDINGS USED TYPING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \)
ed or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PARKINSOUNS M. 190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING	DUE TO, OF (c) H ST CONDITIONS CO Hyperse Visb. Condi DEATH 21b. TIME O HOUR A./ HOUR A./ 21e. PLACE	R AS A CONSEQUENCE Y PER KALEMI NOTRIBUTING TO DEAT YSON CAROW TION FOR WHICH OPE FINJURY M. MONTH DAY M.	OF A 2º TO RENAL H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 216 HOW INJURY OCCU YEAR 19 216 LOCATION	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF F TOTAL BERABLE 100 AUTOPSY? YES NOW	GIVEN IN PART 1 (a) F. CHUSE OF SEPTI YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)
or Item 18 shows any injury, ar		gove rise to immediate cause (0), stating the underlying cause lost. ART 2 OTHER SIGNIFICAN PARKINSOUS M. 190. DATE OF OPERATION **NOTE** 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OF (c) A ST CONDITIONS CO HYPERTE 19b CONDI 21b TIME O HOUR A.I HOUR A.I 21e PLACE O (AT HOME. STR	R AS A CONSEQUENCE PER KALCANI NTRIBUTING TO DEAT WAS AN CARCON TION FOR WHICH OPE FINJURY M. MONTH DAY M. DEFINJURY DEFINJURY LET, FACTORY, OFFICE, FARM. E deceased from 19	PER 20 TO RENAL H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 216. HOW INJURY OCCU YEAR 19 216. LOCATION STREET 217. LOCATION STREET 19 , ond that in (my) (our) opinion	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF FUTT REGARGE 100 AUTOPSY? 20b. IF IN CER YES NOW RRED (ENTER NATURE OF INJURY IN ITEM I	GIVEN IN PART 1(a) FEARLE OF SEPTIVES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 8 1, that (I) (we)
Them 21 is marked or Item 18 shows ony injury, or		gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PAREINSOUS W 190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHIE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive	DUE TO, OF (c) A ST CONDITIONS CO HYPERTE 19b CONDI 21b TIME O HOUR A.I HOUR A.I 21e PLACE O (AT HOME. STR	R AS A CONSEQUENCE PER KALCANI NTRIBUTING TO DEAT WAS AN CARCON TION FOR WHICH OPE FINJURY M. MONTH DAY M. DEFINJURY DEFINJURY LET, FACTORY, OFFICE, FARM. E deceased from 19	PETCH 20 TO RENAL HAVE TO THE TER	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF F UTT RESABLE 100 AUTOPSY? YES NOT RRED (ENTERNATURE OF INJURY IN ITEM IN CITY OR TOWN	GIVEN IN PART 1(a) FEARLE OF SEPTIVES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 8 1, that (I) (we)
if item 21 is marked or item 18 shows any injury, an		gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PARCINSOUS: 190. DATE OF OPERATION 190. DATE OF OPERATION ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY	DUE TO, OF (c) H AT CONDITIONS CO F9b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A./ AT HOME STR 21c. PLACE O (AT HOME STR 21c. place of an July pe or PRINT)	R AS A CONSEQUENCE Y PER K RLEAD NOTRIBUTING TO DEAT YSON CARON TION FOR WHICH OPE FINJURY M. MONTH DAY M. DET INJURY EET, FACTORY, OFFICE, FARM, E deceased from 19 11	PER 2 TO RENAL H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 216. HOW INJURY OCCU YEAR 19 217. LOCATION STREET JULY 2 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF FUTT REBARLE 100 AUTOPSY? YES NOW RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 10 JULY 4 In death accurred an the date and he DISAC RESIDENT. MEDICAL STAFF DIRECTOR PHYSICIAN	GIVEN IN PART 1(a) F. CHUSE OF SEPTI YES, WERE FINDINGS USED XTIFYING CAUSES OF DEATH? YES NO
if item 21 is morked or item 18 shows only injury, or		gove rise to immediate cause (o), stating the underlying cause lost. ART 2 OTHER SIGNIFICAN PARKINSOUS M. 190. DATE OF OPERATION NO NE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AWORK NOT WHILE AWORK NOT WHILE AWORK 220.1 certify that (I) (this he sow the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE	DUE TO, OF (c) H AT CONDITIONS CO F9b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A./ AT HOME STR 21c. PLACE O (AT HOME STR 21c. place of an July pe or PRINT)	R AS A CONSEQUENCE YPER KALCAN ONTRIBUTING TO DEAT WISON CARON TION FOR WHICH OPE FINJURY M. MONTH DAY M. DF INJURY EET, FACTORY, OFFICE, FARM, E deceased from 19 After death.	PER A 20 TO RENAL H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 216: HOW INJURY OCCU YEAR 19 216: LOCATION STREET JUY 2 , 19 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF F UTT RESABLE 100 AUTOPSY? YES NOW RRED (ENTERNATURE OF INJURY IN ITEM CITY OR TOWN TO JULY 4 In death accurred an the date and he DIRECTOR PHYSICIAN STAFF DIRECTOR PHYSICIAN STAFF OSPITAL BALT.	GIVEN IN PART 1(a) F. CRUSE OF SEPT YES, WERE FINDINGS USED XTIFYING CAUSES OF DEATH? YES NO
rept, of Health and Mental Hygiene prior to burial tem 21 is marked or Item 18 shows any injury, ar	WEDICAL WEDICAL	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PARCINSOUS: 190. DATE OF OPERATION 190. DATE OF OPERATION ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY	DUE TO, OF (c) H (c) H (d) H (e) H (f) H (f) H (f) CONDITIONS CO (f) H (f) CONDITIONS CO (f) H (f) H (f) CONDITIONS (f) H (f) CONDITIONS (f) H (f)	R AS A CONSEQUENCE YPER KALCANI ONTRIBUTING TO DEAT WISON CARCON TION FOR WHICH OPE FINJURY M. MONTH DAY M.	PER 2 TO RENAL H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 216. HOW INJURY OCCU YEAR 19 217. LOCATION STREET JULY 2 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN	FAILURE (ACUTE MINAL DISEASE OR CONDITION OF LONG AUTOPSY? VIOLANTOPSY? VIOLANTOPSY VIOLA	GIVEN IN PART 1(a) F. CRUSE OF SEPT YES, WERE FINDINGS USED XTIFYING CAUSES OF DEATH? YES NO 1 18, PART 1 OR PART 2) COUNTY STAT 19, 19, 1, that (I) (we hour and from the causes state 12c. DATE SIGNED 7-4-91

WHITE THE SAVER ATTISHOR ETROATE MORELTAL THE SHOPE A STATE OF THE PARTY OF THE PAR Will state of the AND SHOP IN THE THE PARTY OF TH - Language Tardition for the market Life Benefit I and the state of the The state of the s TO A THE WALL SOLL OF A TO BANGER SAIN DOTAGE Logiston Park Cam Pro- 12 and sathbooks, Marsalle was a state of the The state of the s Commer Hillen H. Server Com

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r death		KZTHL		INYSE		28 81 838 AM
	3. St		5. DATE		AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
buc.	70 8	IRTHPLACE (STATE OR FOREIGN 76 CIT	TIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	ED SNEVER MARRIED 5	BALTIMORE CITY OR COUNTY	P5 / 5-
Soliton	0-	(IF	FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OR
must be	T30.	ALRESIDENCE (IF NU INTERNITER) STATE STATE		134 INSIDE CITY LIMITS?	3e STREET ADDRESS	OL-TZEKTRZI
Somine	14. F	ATHER'S NAME FRST UNKN	LAST	15 MOTHER'S MAIDEN NAME	WIDDLE	Nichols
medical	2	NAS DECEASED EVER IN U.S. ARMED FI YES, NO OR UNKNOWN) I (IF YES, GIVE WAR O		17 INFORMANT Husband Edward	T. Sawyer Mill	Rol-Trlr Villa ersville Md. 08
njury, ar ather traumatic eve	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	schneid H		/EN IN PART (10
shows ony in	CERTIFICATION	190 DATE OF OPERATION 19	96. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS \(\text{NO} \)
or Hem 18	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 22	IB. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 III. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	ENTER NATURE OF INJURY IN ITEM 18. P	PART LOR PART 2) COUNTY STATE
em z i is morked	2	WHILE AT WORK 220. I certify that (I) (this haspital) att sow the deceased alive an above, (I) (we) (did) (did not) view 220. SIGNATURE	tended the deceosed from 19 11, o	nd that in (my) (our) opinion dec	, to	19 💆 , that (I) (we) last
#		MNISS		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18.85.
MPORTANT		22d PHYSICIAN'S NAME (TYPE OR PRINT)	704	27. ADDRESS	MHOSPIN	



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STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

	1.	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE Ö	REG. NO). D.	0 2	. 0 6.,
		CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF			DAY YEAR	2b. HOUR
	[1112]	ALBER	ET GEO	ORGE	SCH	EMPP	JULY	31,	1981		8:40PM
	3. SE	Male	4 RACE Whi	te	5. DATE O		6 AGE (INY	EARS LAST BIR		IF UNDER 1 YE	
4		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMO BA	RECITY O		OF DEATH	MD.
3		Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOPKIN	ADDRESS)	SPITAL	Maint		on Fwotving lift e Man	12b. KINI INDUST MU	D OF BUSINESS OR NICIPAL
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUL		Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET 315	ADDRESS Loney	s Lane	e	
C	14 FA	George	MIDDLE S	chemp'p ^{s1}		15 MOTHER'S MAIDEN NAM	ΛĒ	MIDDLE		Cal	lahan
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GIT	MED FORCES? /E WAR OR DATES)	217-07-4		carroll c. s	chempp	, 348 Bal	3 E. I	Fayet	te Street
		18. CAUSE OF DEATH. Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last	D BY: TE CAUSE (a) DUE TO, OI	LUNG RAS A CONSEQUE	NCE OF	ARCINOMA	Y			BETWEE	ROXMATE INTERVAL EN ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT	CVA	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASI	OR CON	DITION GIVE	EN IN PART	110
?	RTIFICAL	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTC	NO 2	IN CERTIFY		DINGS USED SES OF DEATH?
1	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART	2)
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	7/3/	10 8	3/	d that in (my) (aur) opinian d	to	7/3 d an the do	te and hour	and from t	. that (IV (we) lost the couses stated
		22b. SIGNATURE	FC.	theen	r.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22t. DA	7/31/81
		22d. PHYSICIAN'S NAME (TYPE O		LIBING	772	22e ADDRESS JOHN	15	HOP	Kla	15 F	tosp

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL ISPECTION

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Nichotas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

23b DATE

8-7-81

Baltimore Trinity Cemetery

Baltimore Md".

AUG 6 1981 REGISTRES SIGNATURE

SE COMPANY OF THE PARTY OF THE

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	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
(M)	2.55	Willi		Schleich	July 20, 1981 "	
	3 SE	Male	White	Jan. 11, 1937	6 AGE (IN YEARS LAST BIRTMDAY) 44 YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
deoth. Pour nin 72 hour	S C	irthplace istate or foreign country: Maryland	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	8. MARRIED NEVER MARRIED NUMBER MARRIED NOVEL NO	Baltimore City MD.	
by the fu	10 0	Baltimore	St. Agnes H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Bar 12b. KIND OF BUSINESS OR INDUSTRY Self Emp.	
in 24 hour filled in hould be	130	Md. Balt	other institution give residence before ITY imore Lansdow	ne 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2401 Alma Road 21227	
ed within	14 F	ATHER'S NAME FIRST Lawrence	F. Schleich	15 MOTHER'S MAIDEN NAME FIRST Hilda	M. Habighurst	
and co		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 212-34-		H. Schwartz (as above)	
ow requires that the death of been signed by the attending it. Then please remove car prior to burial, cremation, or any injury, or other traumating	CATION	Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C. 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO CONTR	SC(eva) i'L CAM	INAL DISEASE OR CONDITION GIVEN IN PART 1101 Tac'LP 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
NG PHYSICIAN: The la ottending physicion. Iter this certificate has as the buriol-transit per thand Mental Hygiene thand Mental Hygiene saked or them 18 shaws	MEDICAL CERTIFICATION		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, F.	19 21f. LOCATION	YES NO YES NO
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: Al should be detached for use with the State Dept. of Healt MPORTANT: If them 21 is ma		saw the deceased alive on above, (I) (we) (did) (or on or other property) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (YPE OF	Role	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN DELANCE PHYSICI	
BP Of Short	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY Md. Veterans Ce	23d. LOCATION COUNTY STATE Md.	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ib 3512 Freder	21220 250.IDAT	E REC 1784 REGISTRARDA REGISTRAN'S SIGNATURE	

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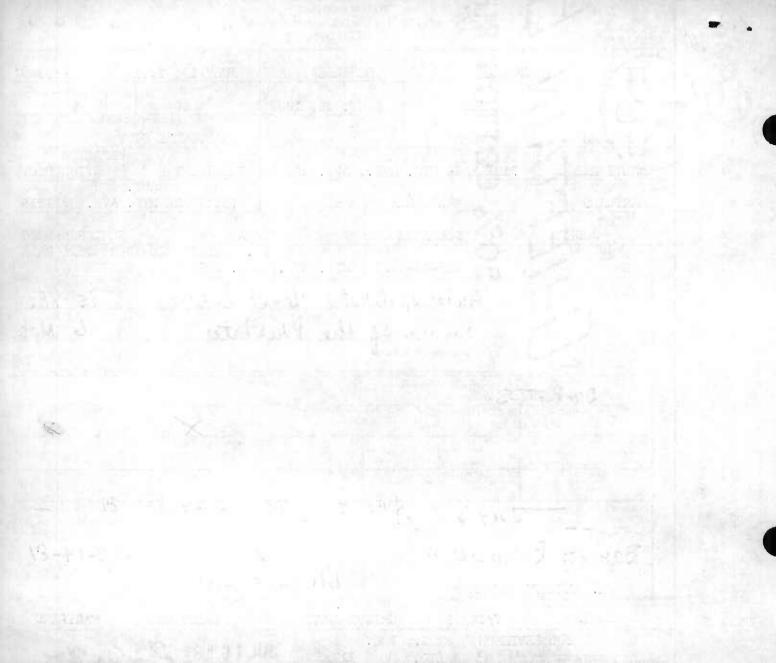
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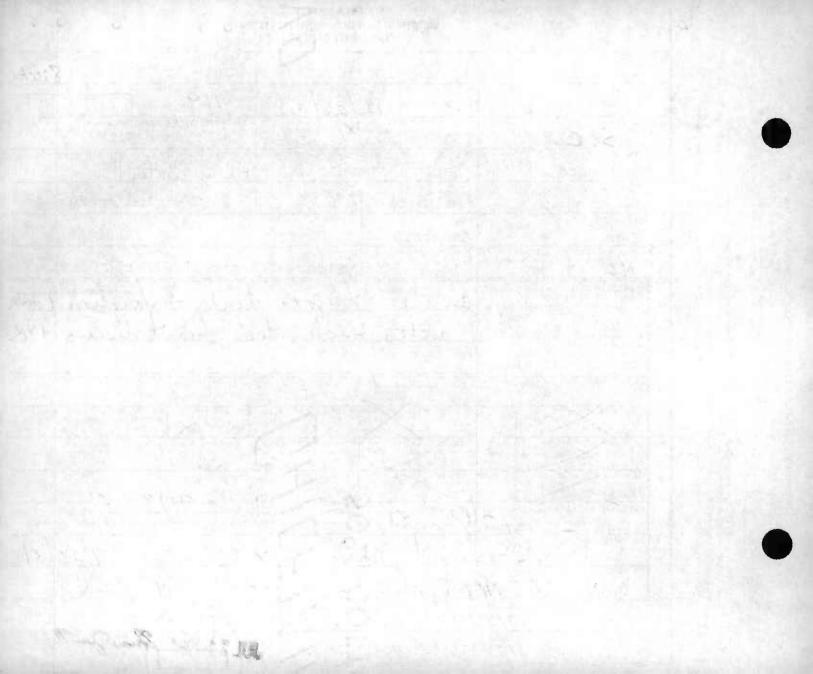
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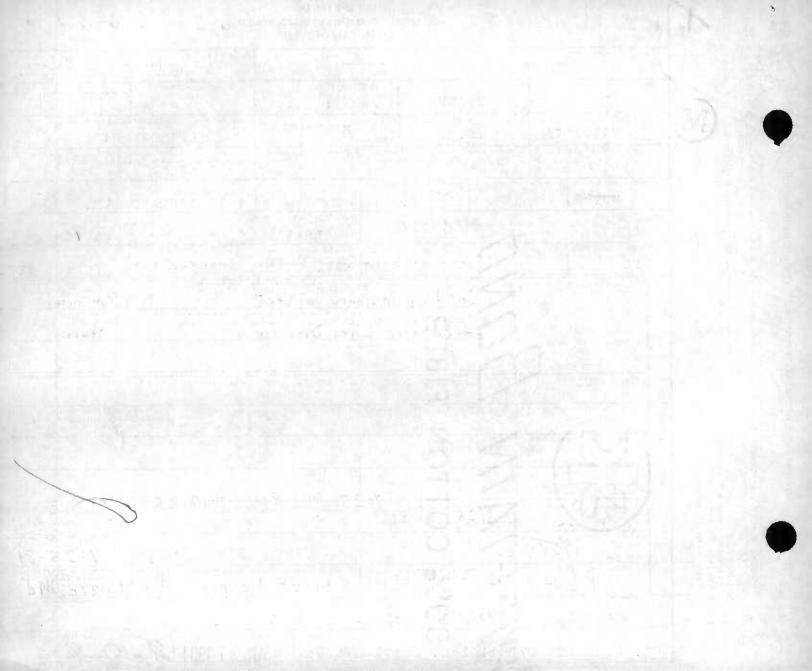
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ీ అశ		CEASED NAME FIRST	WIDDLE	LAST	To Divise of Deliving	DAY YEAR 26 HOUR		
noy be page 3	-		E Schuster			30 81 5 PM		
or. p	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
ecto rs o		emale	White	May 30, DAY 1981 EAR	YRS	2 DAYS HOURS MIN		
A	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH		
9 (1)		larylan d	USA	WIDOWED DIVORCED	Balto City	MD.		
1 1		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS IN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
0 0 000		altimore	The Johns Ho	pkins Hospital	n/a	n/a		
be be	- どSU: 13a :	AL RESIDENCE (IF NURS DE DAME DE	130 CITY OR TOW		13e. STREET ADDRESS			
E MESS	N	laryland Balt			13810 Hess Mill	Road		
2 sh	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA				
A MEDER	P	Ludwig E. Sch		FIRST	Dianne Tyson	IAST		
# BEST 4 5		VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS			
BALTIMORE, MARYLAND Tope be exquire within 3 Tope of the control		res no or unknown) (IF yes, Giv	E WAR OR DATES)		Parents			
1 10 M = 1		18 CAUSE OF DEATH Enter on	ly one cause per line lar (a , (b , on	nd (c	1 01100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
2.00		PART I. DEATH WAS CAUSE		15 MINUTES				
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he death ceah he attend for emove to do mation () for		Conditions, if any, which () POST CREATURE CARDING DECOMPENSATION 24 16025						
PRES he att emov matic		gave rise to immediate couse (0), stating the			ME CAPACITOR OF THE PROPERTY O			
W trees		underlying couse last	DUE TO, OR AS A CONSEQUE	CONSTRUTAL HEAD	T PISEASI	Zmce		
201 pleor urial,		PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TERM		ENI INI DADT LIG		
RDS, require to b	NO			DOTAL DOTAL DEPARTMENT OF THE PERMIT	THE PISEASE ON COMPINON ON	EN HAT ANT TO		
w re	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	, WERE FINDINGS USED		
DIVISION OF VITAL RECORDS, OF PHYSICIAN The low require of the certain of the work of the third of the work of the burnol the green prior to be not deal of them 18 shows ony injury or the deal of them 18 shows ony injury	CERTIFICATION	7/29/21	HYPOPLASTIC A	CARCTATION	YES NOW YE	YING CAUSES OF DEATH?		
ATI TE STORY OF STAN STAN STAN STAN STAN STAN STAN STAN	E	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ted ted		
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VISIG PH or the rath or the cond word	AE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE F	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE		
DIN or all the office of the mark	1	270 L cartifu that (1) (this hash)	tol) attended the deceased from_	7/0/8/ 10	10 7/30/31	10 Al-60 / A-1-4		
OR OR TEL		saw the deceased alive an	7/29 (21 19	, , ,	deoth occurred on the date and hav	and from the couses stated		
R ATT haspired for them 2		abave, (1) (we) (did) (did na 27b. SIGNATURE	t view the bady after death.	DEGREE		776 DATE SIGNED		
F Pool		Refred	5 Cause	ATTENDING	MEDICAL STAFF	7/30/01		
SPITAL By t VERAL State	1	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	DIRECTOR PHYSICIAN	1 1 001		
ned by FUNER FUNER of the Str		CASALE			PRINS HOSPITAL			
etoined TO HOS Should b with the	0.2		In and					
-Maley	1	SURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY		
BP		remation UNERAL DIRECTOR	8/3/81 V	Westview	Balto. County	Md		
DHMH - 16 50M 1/81 (VRA 15, 4)	130	NAME	ADDRESS		TE REC'D. HE REGISTRATES	The state of the s		
Fel	E	vans Chapel o	f Chimes 2325 Y	fork Road	UG (1301)	*4		

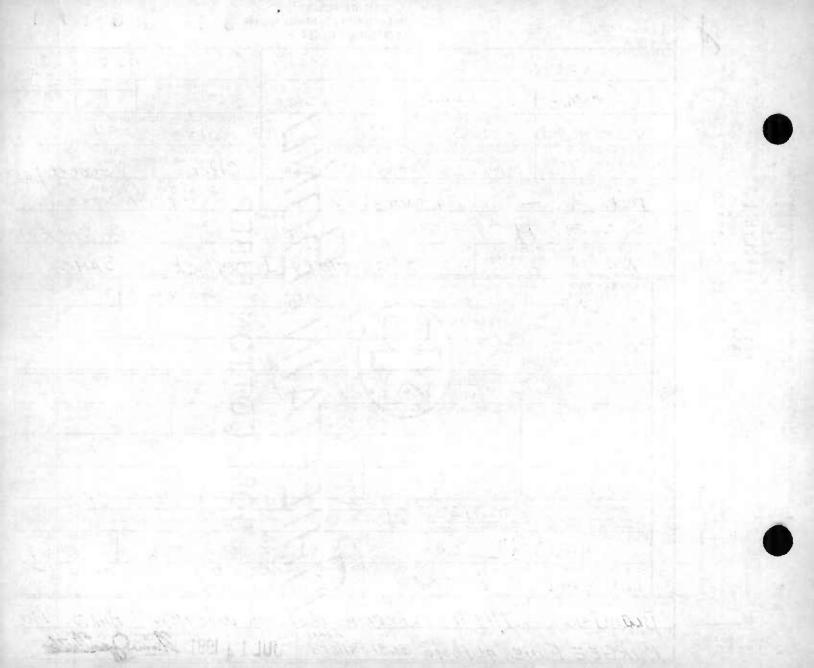


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR LIYPE OR PRINTS Flossie Scott July 19, 1981 A. 3. SEX 4. RACE DATE OF BRITH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female Black ASTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Th. KIND OF BUSINESS OR 2562 Harlem Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 131 CITY OR TOWN 2562 Harlem Avenue MD Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Wright Anderson Clara Dan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS HE YES, GIVE WAR OR DATEST 218-28-8494 Wilmer A. Scott 2562 Harlem Ave. 18 CAUSE OF DEATH Enter only one cause per lipe for rail, the land ice. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, CERTIFICATION WE DIATE OF DEER MINN 196. CONDITION FOR WHILL HAVE IN WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ACCIDENCE WAS UNDERTORING 216. TIME OF INJU 21c. HOW INJURY C ... JEREE BINTER NATURE OF INJURY IN ITEM IS PART LOR PART 2) 00 DAY YEAR HOUR A.M. MON CAVIE OF DEATH MEDICAL (WEITHER MOTHY MEDICAL TRANSPER) THE INJURY OCCURRENT ?1e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY CITY OR TOWN COUNTY STATE 220.1 certify that (I) (this hospital) attended the degrased from sow the deceased olive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE. DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22 d. PHYSICIAN'S NAME LTYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Buria1 MDSTATE Laurel 7/24/81 Md. Pk. Nat. Mem. 24 FUNERAL DIRECTOR -DHMH - 16 50M 1/81 (VRA 15, 4) C. March F/H 1101 "E" North Ave.

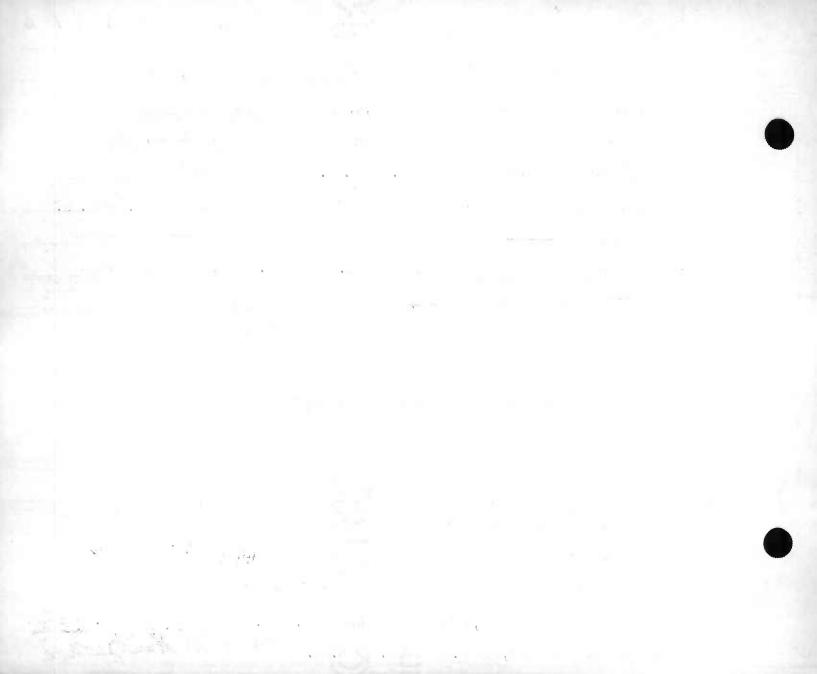




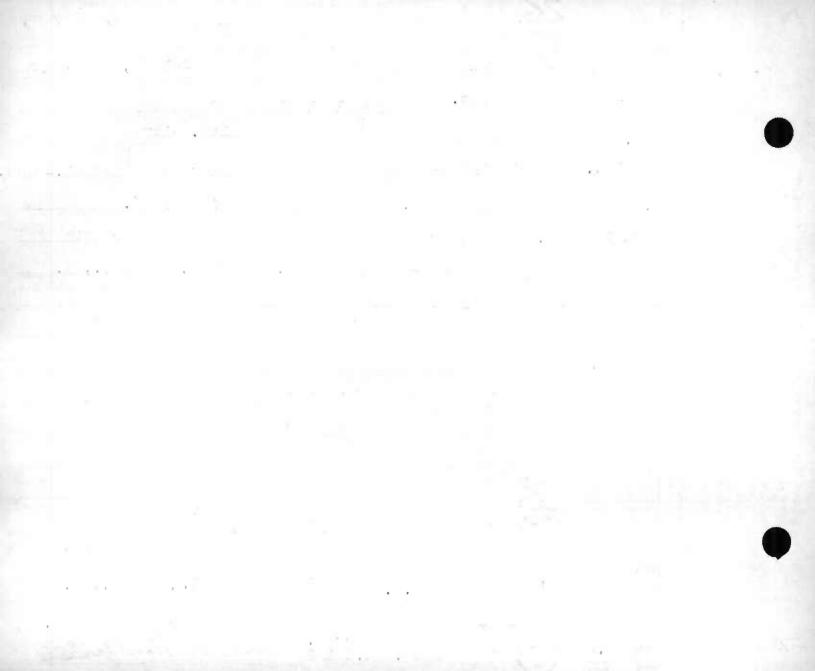
1/		STATE OF MARYLAND	0 0 7 1
	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	3 62 9 1
yy be oge 3 deoth		CEASED NAME FIRST MIDDLE SEALOCK 20 DATE OF DEATH MONTH DAY 7-11-	-81 12 A M
ge Amoy	3. SE>	Female 4 RACE White 5. DATE OF BIRTH MONTH DAY YEAR 4 FO YRS YRS	UNDER LYEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.
e = 55		IRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF COUNTY OF WIDOWED DIVORCED BALTO - CI	DEATH MD.
201 Urs after on by the first filed with	Po	ALTO-CITY (IF NOT IN SUCH FACILITY, GIVE STATE FADDRESS) CAND HOSP. (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY ROCECY
Hin 24 ho	13a S	AL RESIDENCE (IN AUSTRAL OF THE INSTITUTION OF RESIDENCE DEPOR AUSTRAL OF THE INSTITUTION OF RESIDENCE DEPORT OF THE INSTITUTION OF THE INST	12/2/1.
OO See See		ACPRERT MY HUNT MARGARET MIDDLE	3URHORST
TIMORE STATE OF COMMENTS OF CO		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES. NO OFFUNKNOWN) (16 YES, GIVE WAR OR DATES) 216 - 32 - 4633 HARRY J Seg/ock.	SAME
ESTON ST., BAL N. 1 3 C. R. 1 decification estiticate or cayban papar nion, semendol nion, semendol nion, semendol		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) NON HONGE (CINS - MIXED CAMPHONA) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)	APPROXIMATE INJERVAL BETWEEN ONSET AND DEATH
es that the ned by the please removed, cremon, or other the		gave rise to immediate couse (a), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c)	
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he low re on. t permit to be made on so on.	CERTIFICATION		VERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, OF PHYSICIAN: The low require of ordereding physicion. After this certificate has been signs the buriol-tronsit permit. Then the ond Mental Hygiene prior to be orked or tem 18 shows any injur		216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	T OR PART 2)
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R ATTENDIN hospital ar RECTOR: Af- ied for use a pip. af Health iem 21 is moi		270. I certify that (I) (this hospital) attended the deceased from 19 , 19 , 10 , 19 , 19 , 19 , 19 , 19 ,	nd from the causes stated
the hor DIRE		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	271. DATE SIGNED /
O HOSPITA TO HOSPITA TO FUNERS should be d with the Sto		VUNDYACK REDDY BACTO, MB, 21201	ENEST.
1368 RP	*	BURIAL, CREMATION, REMOVAL 121 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN WOOD ROWN	BALTO. Ma.
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR BLIZI 250. DATE REC'D. BY REGISTRAR 2004 CISTR	Jan Marth



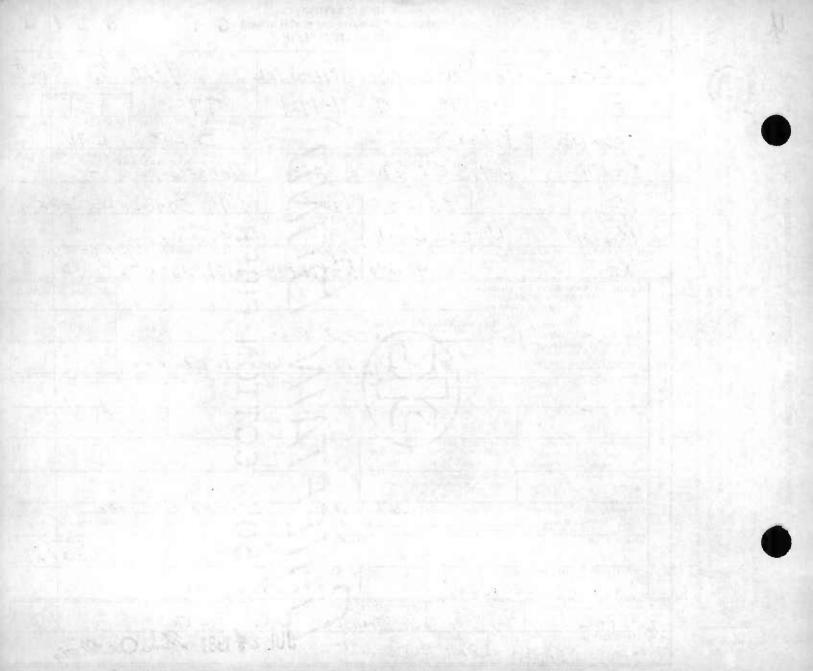
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
o wŧ		CEASED NAME FIRST	MODIE	CITALTE		MONTH DAY YEAR 12. HOUR 4:32 8,
may be page 3 r death	-	Josep		SENER		
Poge 4 mg	3 SE	Male	Cauc.	S. DATE OF BIRTH MONTH DAY YEAR June 13 1901	4. AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
d little		IRTHPLACE (STATE OR FOREIGN OUNTRY) Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto.	R COUNTY OF DEATH City MD.
by the titled with	10 C	Balto.	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREE 4 Bishops		12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O Executi	ON 126 KIND OF BUSINESS OR INDUSTRY
24 hours filled in by ould be fill	13a	AL RESIDENCE IN HURSING HOME OF STATE 136 COULD	OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	
within within d 2 sh		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE WIDDIE	LAST
5 0	140	Beverley T	MED FORCES? 146 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRE	Griffin
Poges	1.00		E WAR OR DATES)			Balto.Md.
certificate being physician ramoval.	=		aly one cause per line for (a), (b), o		pener or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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sign to be	20	PART 2 OTHER SIGNIFICANT OF	SCLESTIC CAL	DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1(0)
ony	CERTIFICATION	194 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN The Istanding physician. For this certificate has the buriot-transit per and Mental Hygiene ked or item 18 shows		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH	DAY YEAR 19	RED JENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2]
DING PHYS or ottendin After this c e os the bus ofth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
7			attended the deceased from 7/2 2 19	Bi and that in (my) (**) apinion	death accurred an the do	19 8/ , that (I) (we) lost and haur and Iram the causes stated
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DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b HOUR

12b. KIND OF BUSINESS OR

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22c. DATE SIGNED

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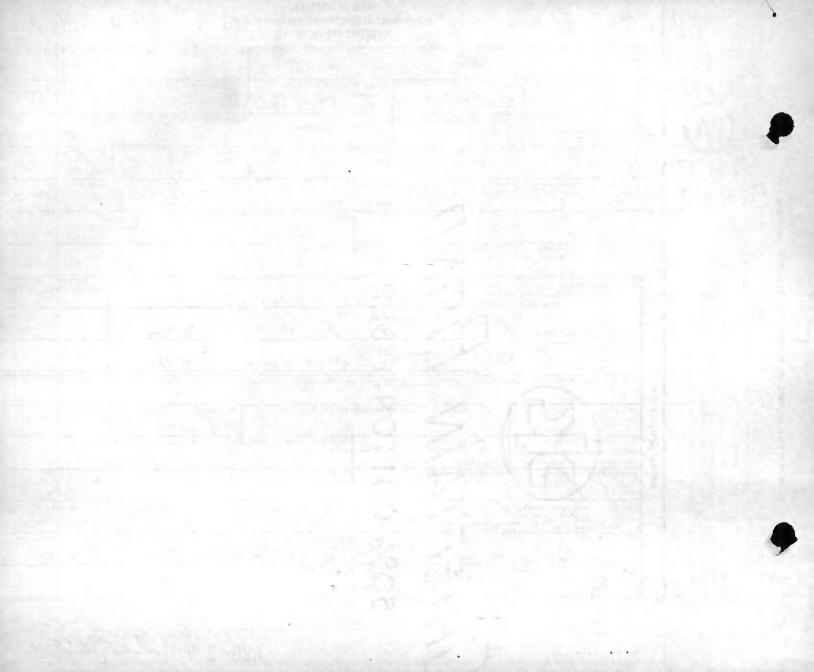
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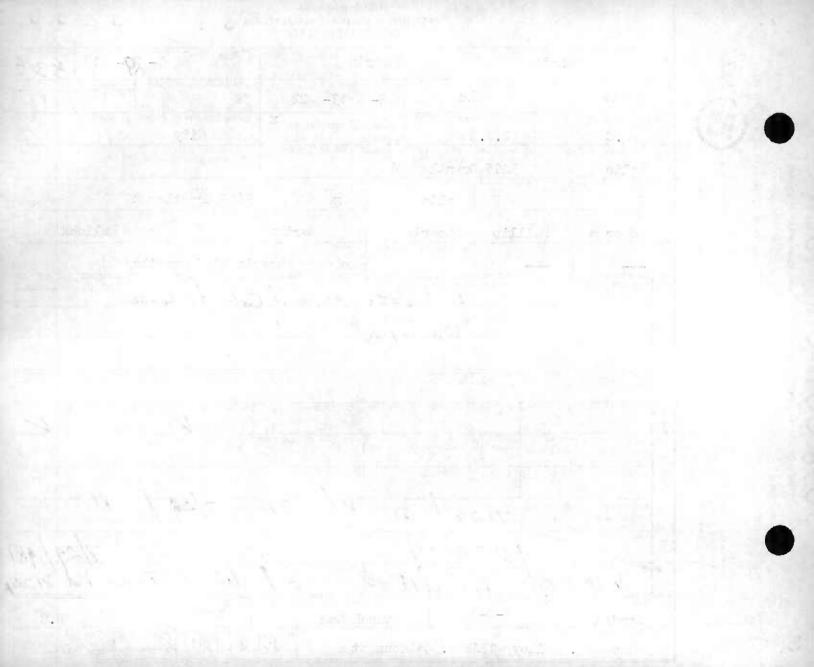
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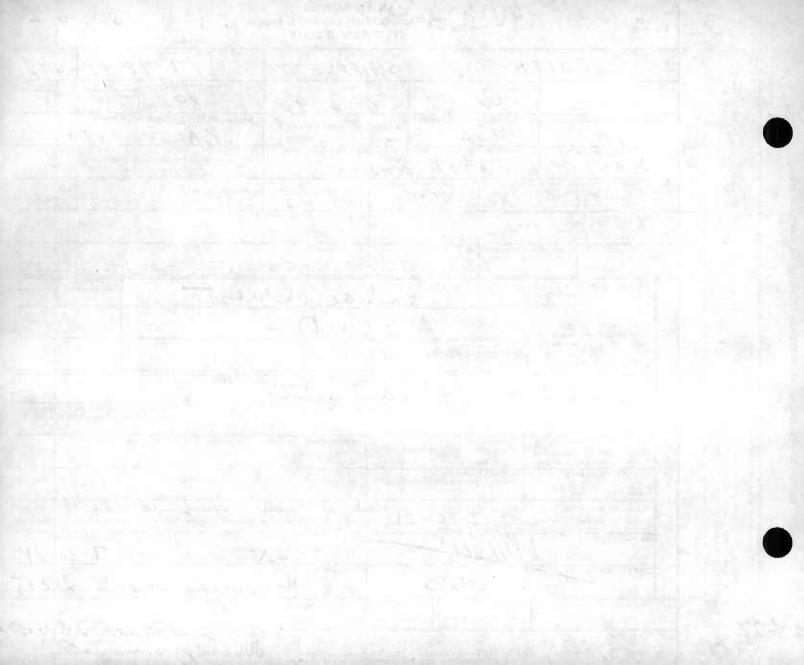
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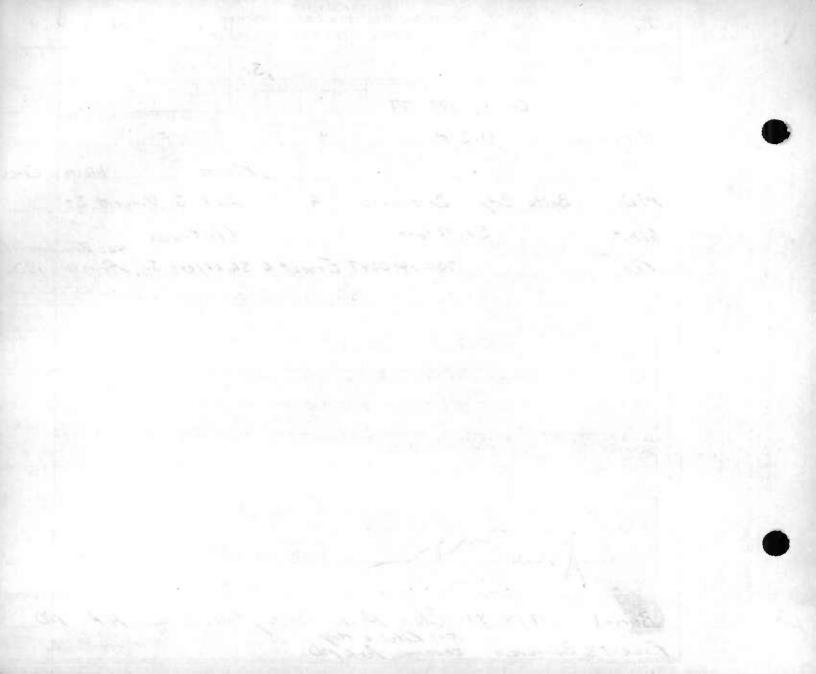


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME 2b. HOUR HAZEL SHELBY (TYPE OR PRINT) JULY 1. SHELBY 1981 S DATE OF BIRTH 1/2/5/02 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE IF UNDER 24 HRS 3. SEX 8 BLACK CFEMALE 12. -02 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA BALTO DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR COOK (IFE) INDUSTRY IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HO) OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS PR Geomes T30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Seat Pleasant Capon Road Mp 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST PUFFNER MIDDLE CORA JIM WHITEN 166 SOCIAL SECURITY NO. ADDRESS Seat Pleasant ma MAS DECEASED TOTR IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 053 26 9077 Brady, Murrel - 6307 Capon Rd. unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY cardionespiratory arrest DUE TO, OR AS A CONSEQUENCE OF Sepsis Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 **IFICATION** 0 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attemdedy the deceased fram sow the deceased alive on. and that in (my) (our) opinion deoth occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death. DEGREE 226. SIGNATURE DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS YSICIAN'S NAME (TYPE OF PRINT) MPORT Bathon mo oan 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE JULY 7,1981 HARMONY MEMORIAL BURTAL LANDOVER. MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP & REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 MATALEXANDER S. POPE 2610755 PA. AVE S.E. (VRA 15, 4)

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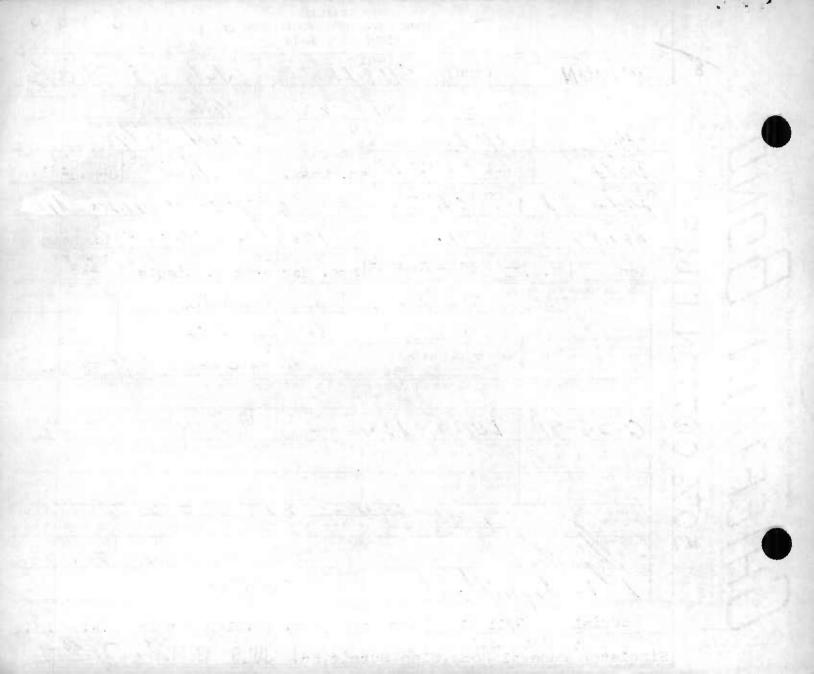


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MAF 20. DATE OF DEATH 1 DECEASED NAME LAST SHOEMACKER 2b. HOUR (TYPE OR PRINT) SHOEMAKER MAE 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS emale -01 -00 10 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X BALTIMORE US CIT PENNA. WIDOWED 12h. KIND OF BUSINESS OR INDUSTRY BALTIMORE HOSPITA Waitress Retired PRESTON ST., BALTIMORE, MARYLAND 21201 Md. Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE LAST Unknown Unknown 723ADPEISe Avenue 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Willard C. Dean Baltimore, Md. 21229 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ESPIRATORY FAILURE IMMEDIATE CAUSE OR AS A CONSEQUENCE OF SEVERE COPP. Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ental Hygiene NO YES [NOF shar 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION W pu 71d INJURY OCCURRED ā 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased fram. 7-13-81 saw the deceased alive an , and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL 7-13.81 PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS PINEWOOR VINUEZA 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) 7/16/81 Burial Lakeview Cameterv Sykesvilla Carroll Md. 24 FUNERAL DIRECTORZE P. A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 1630 Edmondson Ave. Catonsville, Md21228

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Singleton Funeral Home, Glen Burnie, Md



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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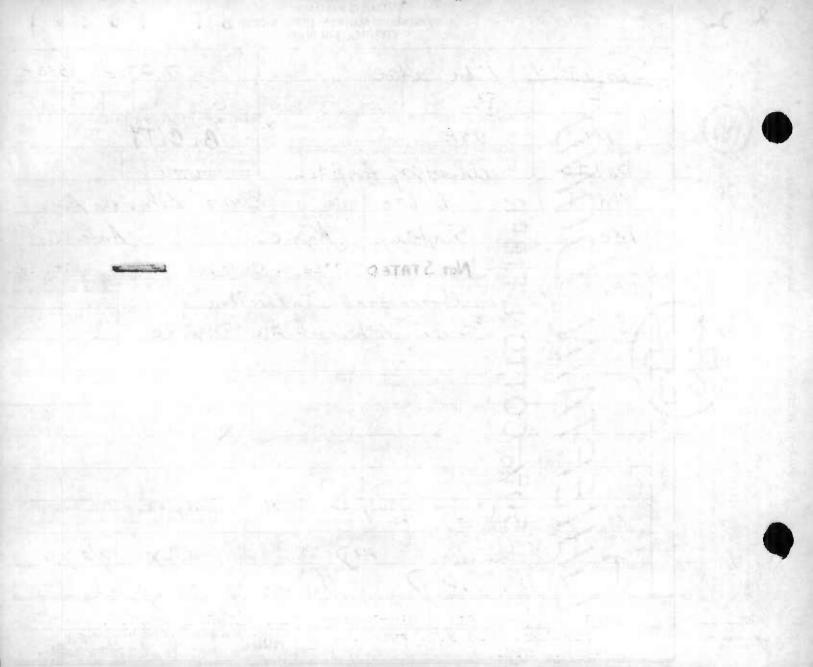
24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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UNKNOWN MRS. BETTY TOUSHOLTZ 3220 SOUTHGREEN RD. BALTO., MD 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) COUNTY STATE and that in the our opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED (SPECIFY) BURIAL 7/9/81 BETH ISAAC ADATH ISRAEL BALTIMORE SOL LEVINSON Ğ BROS., INC. 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE BALTO., MD 6010 REISTERSTOWN RD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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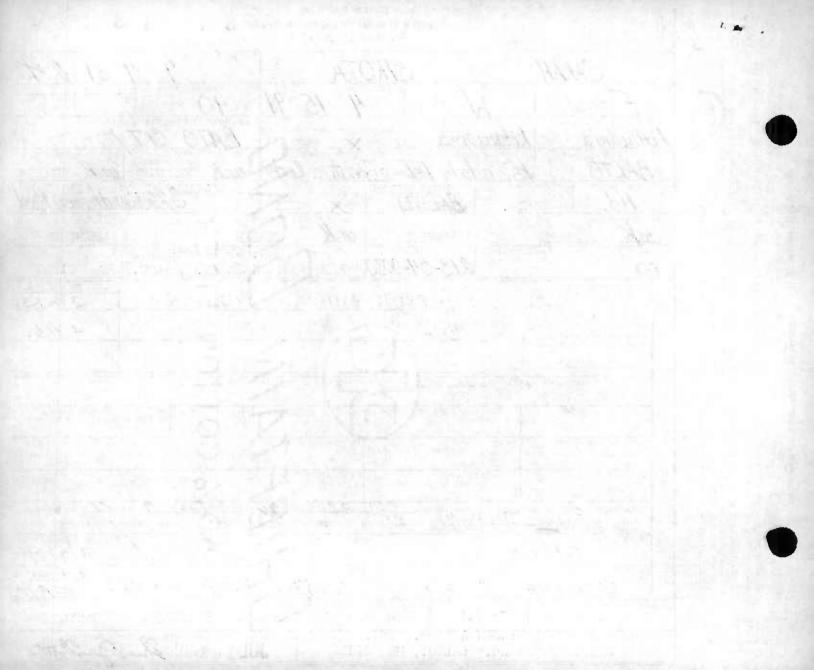
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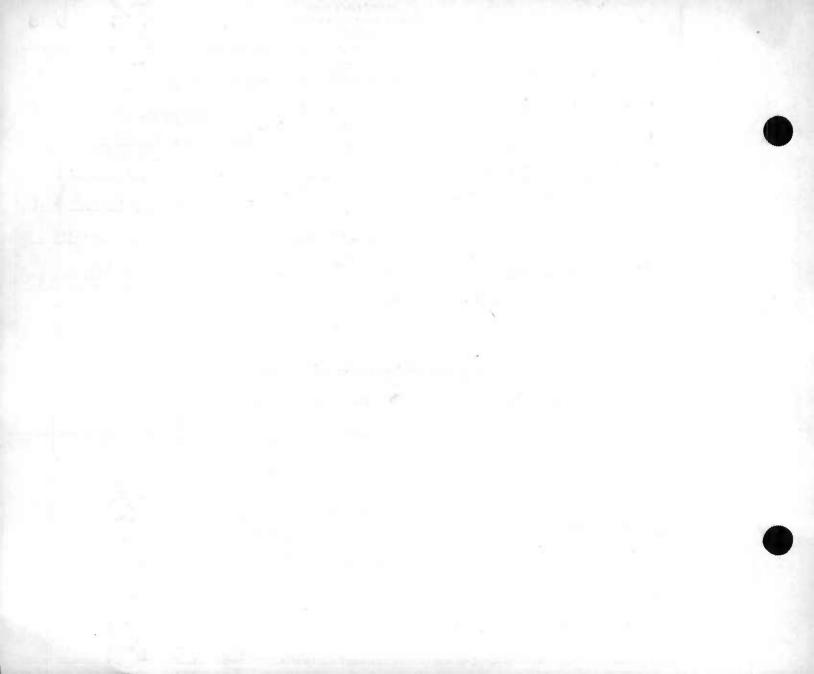
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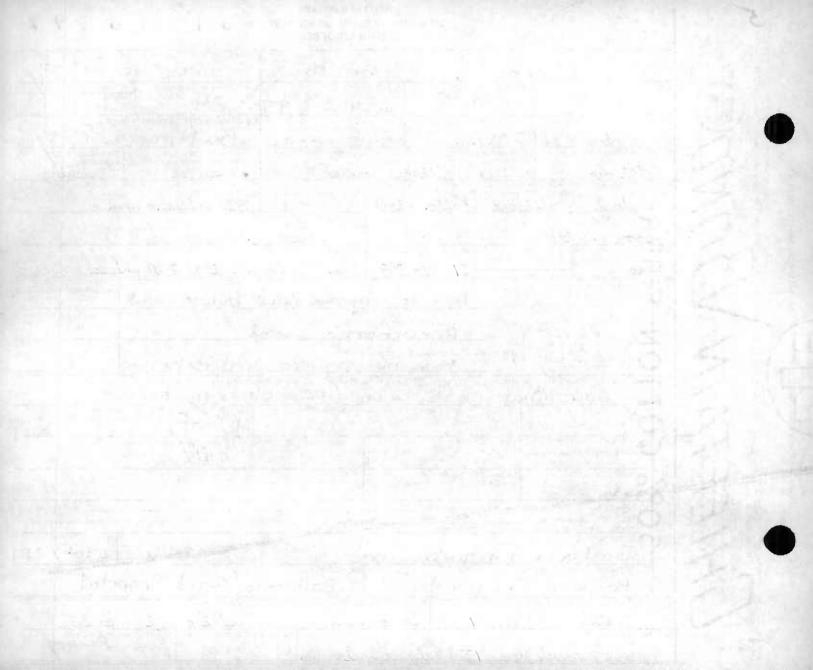
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO.

81

IF UNDER I YEAR

IF UNDER 24 HRS

LAST

2b HOUR

BALTIMORE CITY OR COUNTY OF DEATH

CITY

12b KIND OF BUSINESS OR

INDUSTRY

3818 Delverne Road

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 SA3

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

MD

COUNTY

22c. DATE SIGNED

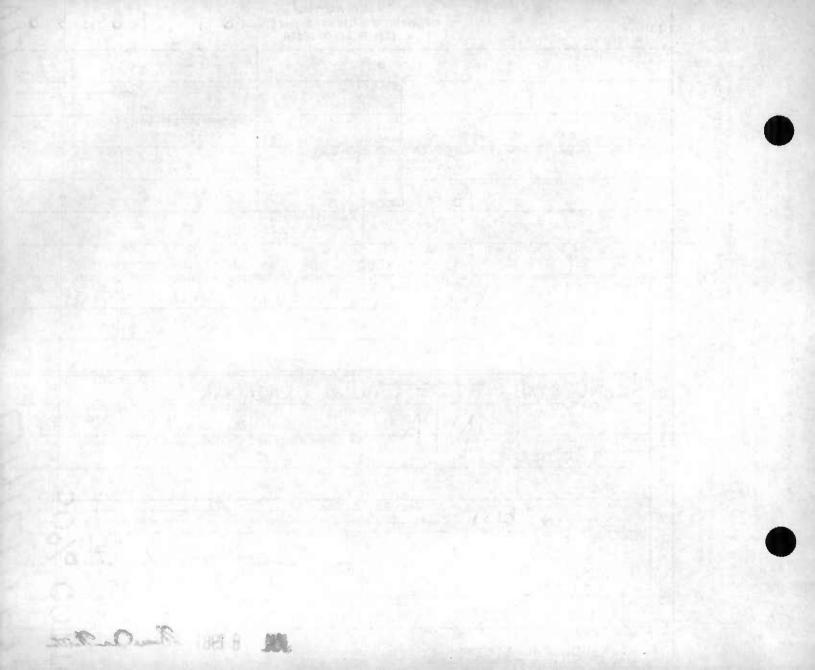
Baltimore COUNTCO .

24 FUNERAL DIRECTOR

MARCH F/H 1101 E. NORTH AVE

BY REGIST AND SIGNARE

DHMH - 16 50M 1/81 (VRA 15, 4)



Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Leonard J. Ruck Inc. Baltimore, Maryland

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24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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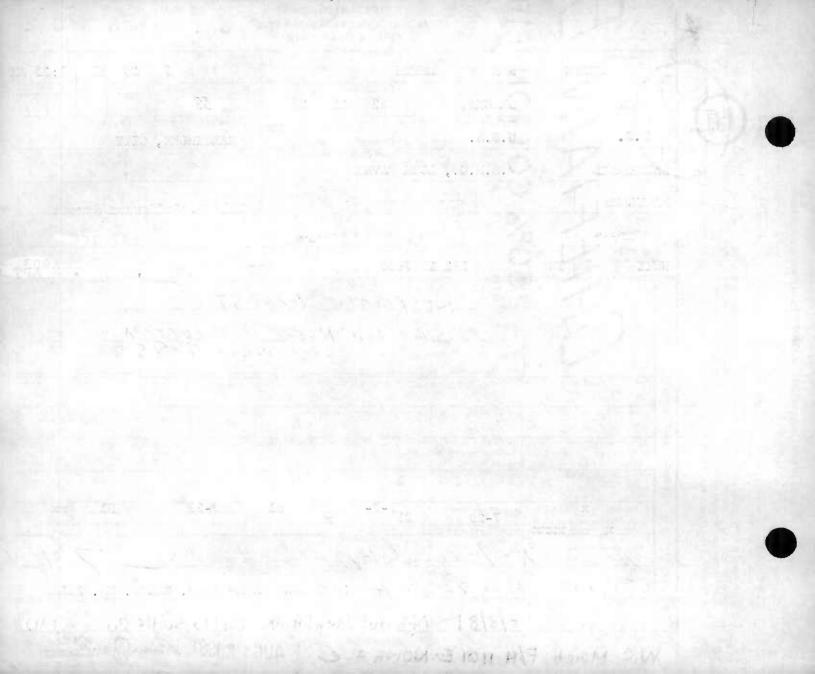
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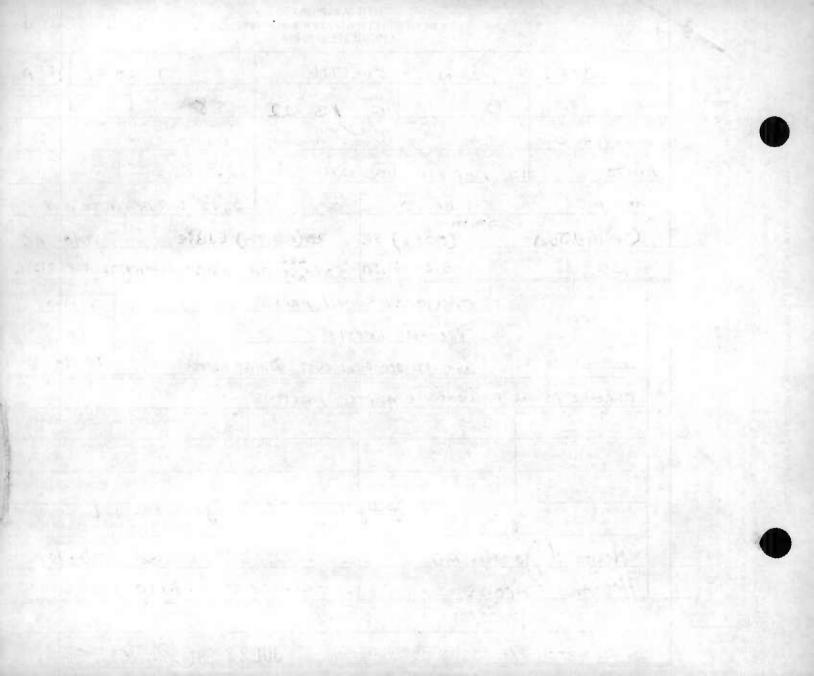
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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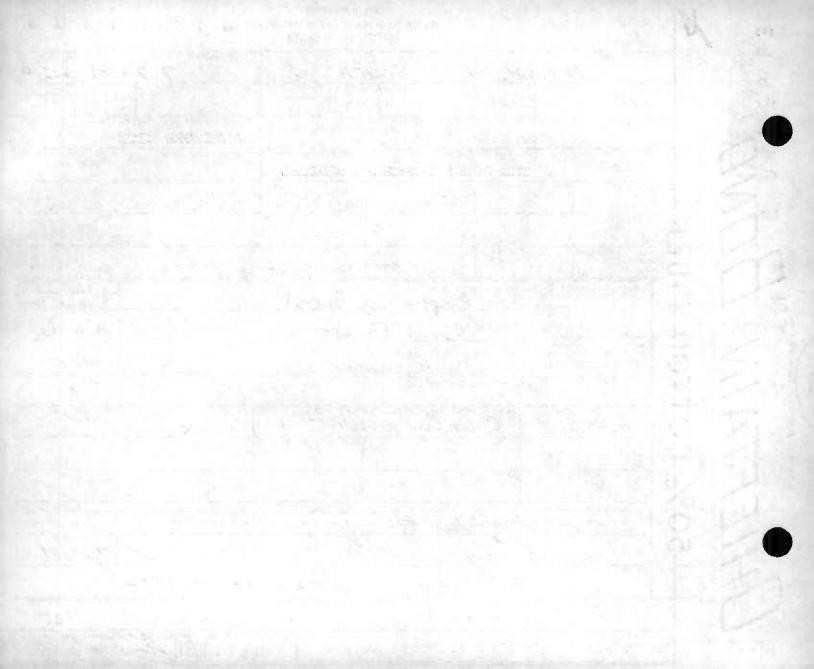
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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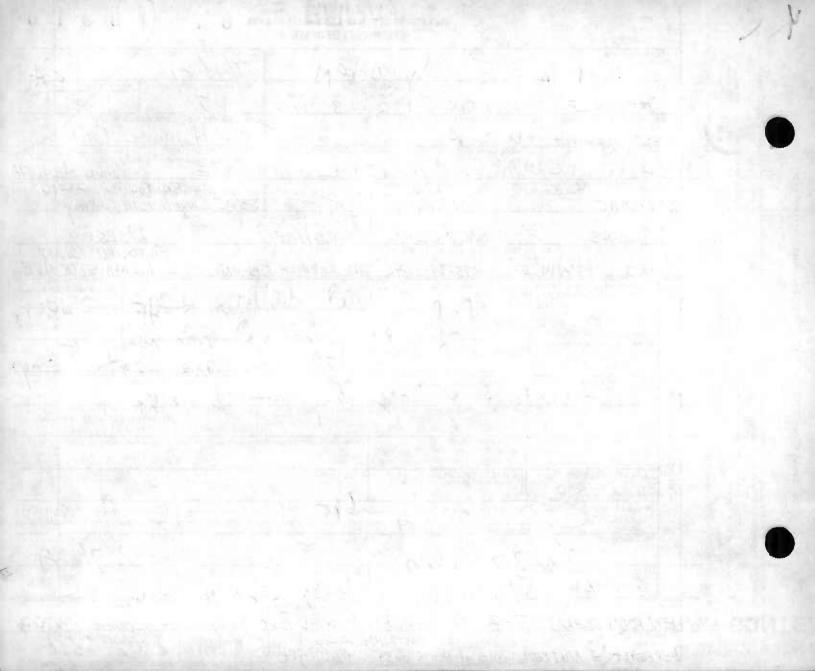
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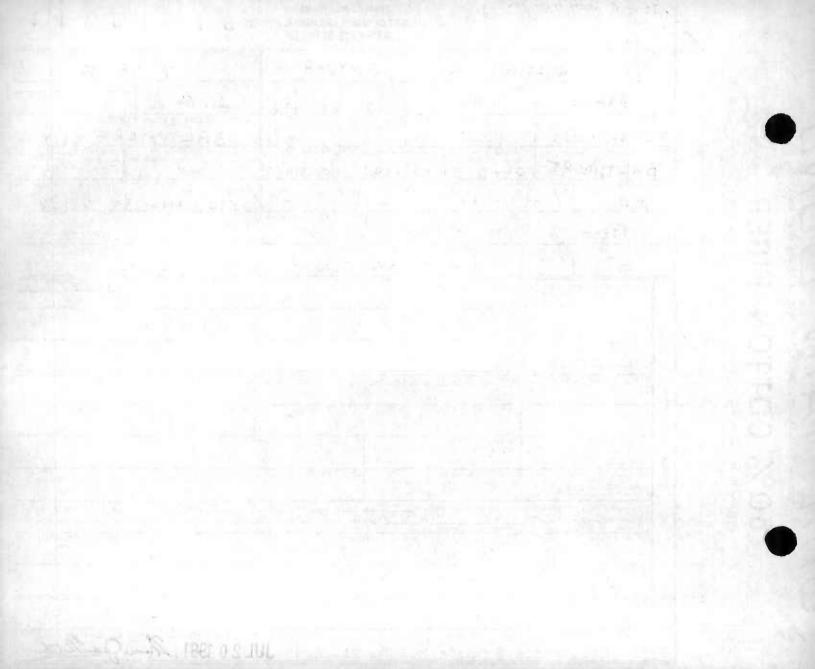
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DHMH-18 25M (VRA 15, 4) 1/79	NAME	TER FUNEVALL HOME 3035 W. NORTHAND	JL 6 1981 Profragram





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DHMH-16 30M 2/80 (VRA 15, 4)		acNabb Funera	1 Home Catonsvi	lle, Md. JUL	6 1981	brotralisas	7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR TYPE OR PRINTI HAROLD 3. SEX IF UNDER LYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR YEAR 52 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore (ity South (aroline THE OF WORK FOR MOST OF WORKING LIFE Baltimore Johns Hopkins Hospital 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ABORESS Mont Road-29640 rasleu arolina YE SOO 15 MOTHER'S MAIDEN NAME Ruth Palmer MIDDLE 17. INFORMANT Mrs. Lynn Waldrop Southerland - 120 Rockmont 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY gave rise to immediate cause (a), stating the underlying 90. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER, NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC.) 220.1 certify that (1) (this hospital Dattended the deceased from June July 15, 19 and that in find (aur) apinion death occurred an the date and have and fram the causes stated DEGREE 22c. DATE SIGNED MEDICAL MO DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Greenlaun Memorial Park - Easley South Carolina 7-18-81 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Miller Inc-6415 Belair Road-21206

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN 2h HOUR TTYPE OR PRINT! OF ESTI-ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED GEORGE. -17-81 SPARKS 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 3 122 DATE FUNERAL DIREC LAST BIRTHDAY PRONOUNCED black male DEAD -02 7-17-81 19 PM 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MINEVER MARRIED Baltimore City WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) Lutheran Hospital Baltimore 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F OF XITAL RECORDS, USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE FIRST GEORGIA GINE PAGES 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) JANE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI URIAL, CREMATION, (lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOCK E DEPARTMENT CONTROL TO BUT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PA AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Notural couses Y death resulted from: Homicide L Undetermined monner Accident Suicide TITLE (SPECIFY) ACTUAL DATE SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 234. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR **DHMH-17** NAME (VR A15 ME (5)) 15M 2/80

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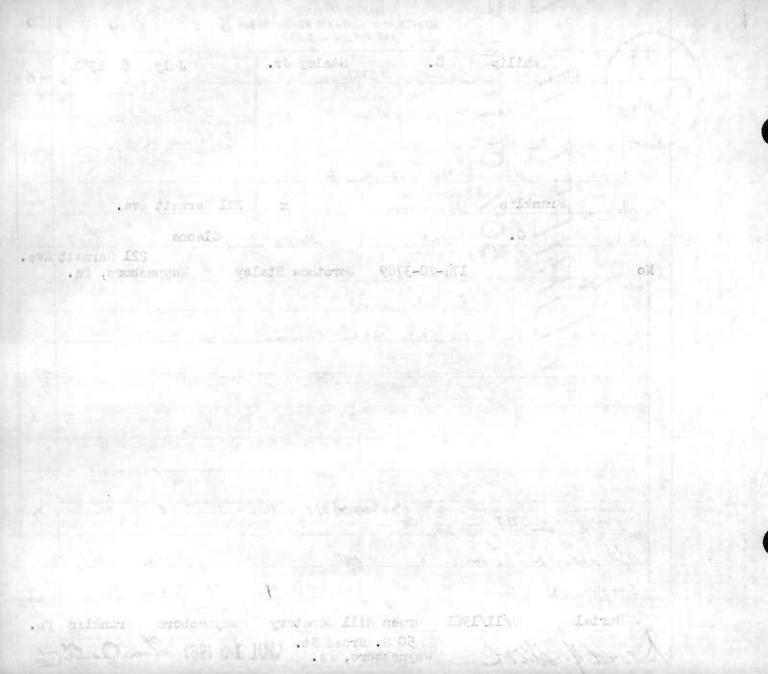
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FOR		STATE OF MARYLAN DEPARTMENT OF HEALTH AND MI		3 1	183	19
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21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	YES [NOM	YES 🗌 -	NO [

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION STREET CITY OR TOWN

COUNTY STATE

saw the deceased alive on above 4th (we) (and) (did not) view the bady after death. 226. SIGNATURE

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

DEGREE

DANG M.D.

22a | certify that (1) (this hospital) attended the deceased from

St. Agnes Hospital, 900 S. Caton Ave.

23a. BURIAL, CREMATION, REMOVAL 2 b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

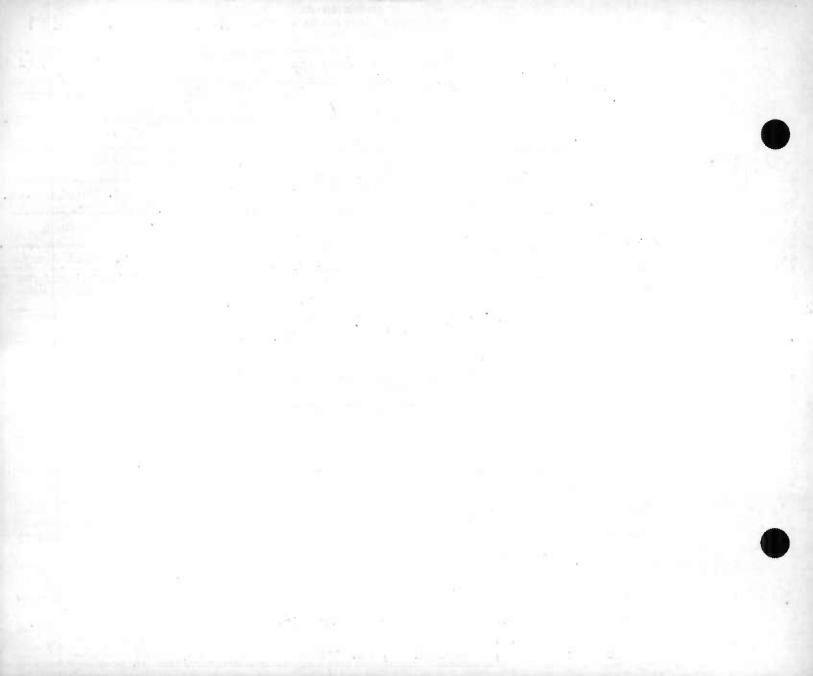
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

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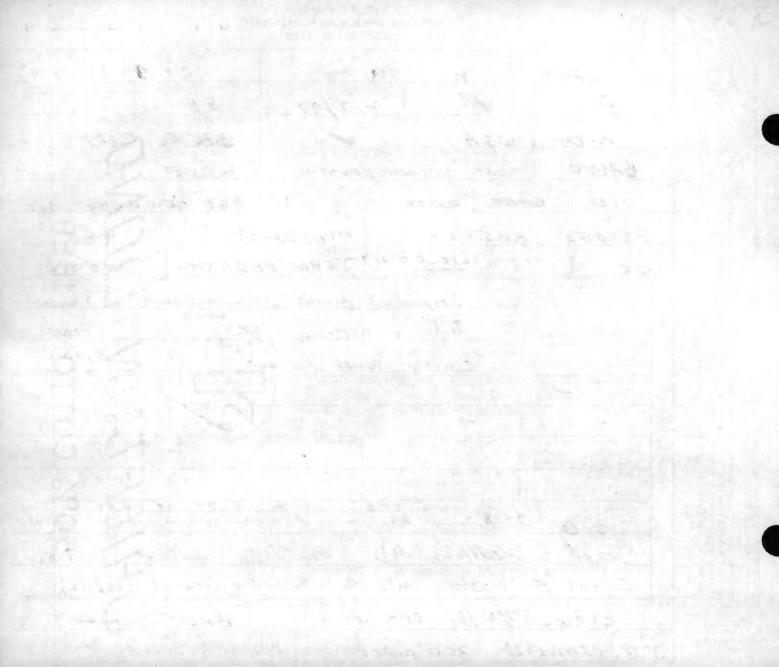


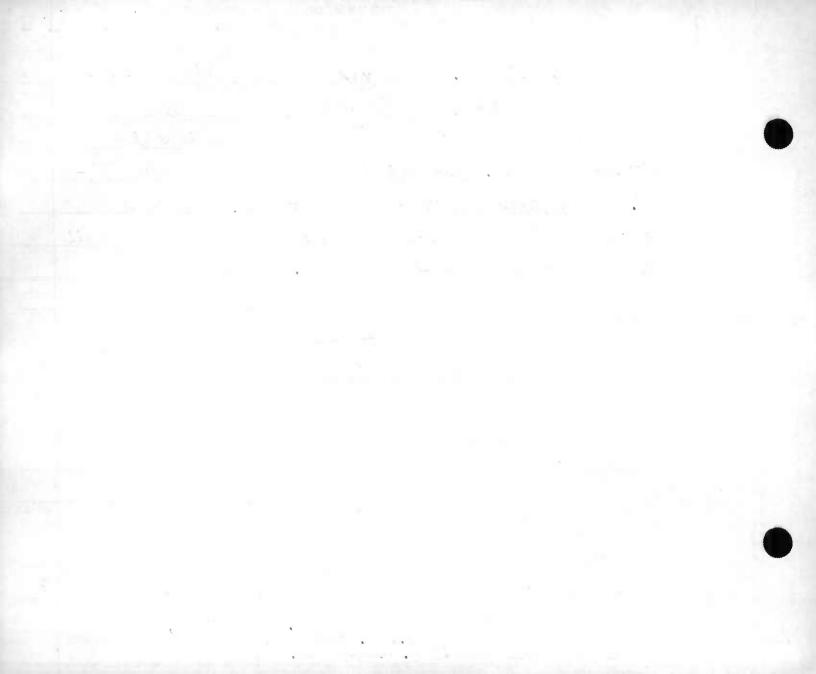
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		C Bro	wn	no		John	n Hop	lens Hos	pital		
Tope Tope Management		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CR	REMATORY	23d. LOCATION CITY OF TOWN		COUNTY	, STATE
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DHMH - 16 50M 1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	_							REG. NO.		
2	1	FASED NAME	Leon	ard	Frankl	in	Stevens,	II	July 5, 19	81 YEAR	26 HPLP: 451
	1.58	EX.	4. R	RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
N		Male		W	hite	Feb		977	4 YRS	MONIHS DATS	HOURS MIN.
2		INTERPLACE (STATE OR FO	REIGN 76 (CITIZEN OF	WHAT COUNTRY	? 8	NEVER MAR	DIED X	9 BALTIMORE CITY OR COUN	TY OF DEATH	
54		Maryland			U.S.A.	WIDOWE			Baltimore,	City	MD
P C		TITY OR TOWN OF DEAT	н 11.	NAME OF	HOSPITAL, NURS	ING HOME C	ROTHER INSTITU	TION	120 USUAL OCCUPATION	126 KIND C	F BUSINESS OR
5	E	Baltimore	/		Johns 1		ns Hosp	ital	TYPE OF WORK FOR MOST OF WORKING NONE	INDUSTRY	N/A
P	USU Lia.	AL RESIDENCE (IF NURSIN	36 COUNTY	ER INSTITUTION	13c. CITY OR TO		13d. INSIDE CITY	IAATTS2	13e. STREET ADDRESS	(Ma	arley)
2		MD.	-	Α.	Glen Bu			X	206 Queen		
C		ATHER'S NAME	MIDD	N.E.	LAST		15 MOTHER'S MA		AE		
PE		Bryan		J •	Stev	rens	Deb	orah	n E.	Be	enson
	16a. \	WAS DECEASED EVER IN		FORCES?	16b. SOCIAL SEC		17 INFORMANT			Same as	- 0
TH		No	N/	A	N/	'A	Mrs. De		h E. Stevens	- dille di	13
MT		18 CAUSE OF DEATH	Enter only a	ne cause pe	r line far (a), (b), a	ind (c)			7/5/8	APPROX.	IMATE INTERVAL ONSET AND DEATH
O)		PART I. DEATH WA	S CAUSED BY	Y: /	ardiop	ulma	rang A	res.	A- 12:45 P	nIh	~
		4275			OR AS A CONSECU	IENCE OF					
DR		Canditians, if any,	which (b)	Paricar	deal	Effus	in		un	known
0		gave rise to imme		DUE TO C	OR AS A CONSEQU	IENCE OF	enduna	Ja	clure 20 # 1a	nd o	
-MED		underlying cause	last	(c)	Sever	an	emin			unto	nown
1	-	PART 2 OTHER SIGNI	FICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION O	IVEN IN PART 1 c	
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Ž	IFICATION	190 DATE OF OPERATIO	NC	196. COND	TION FOR WHIC	H OPERATION	WAS PERFORME	DO	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	GS USED
10	I E		186-31							YES []	NO []
RELERSE	U	210. ACCIDENT WAS UNDER		216. TIME C		DAY YEAR	21c HOW INJUR	Y, OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	PART I OR PART 2)	
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		saw the deceased abave. (1) (we) faic	alive an	ew the bady	affer death.	81 an	d that in (my) (aur) apinian d	leath accurred an the date and hi	our and from the	causes stated
		226 SIGNATURE	0	1		0	DEGREE			22c. DATE	SIGNED 1
		Karen	R. F	Sin	ann-	m60		NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/	5/81
1	1	224. PHYSICIAN'S NAM	AE (TYPE OR PRIE	NTI	111	7-7-6	22e ADDRESS C	hhns	Hopking H	osp.	10
		Karen	R. 1	Kin	ary		60108	Bres	elway Br	ex mel	/
		BURIAL, CREMATION, RE	EMOVAL 2	3b. DATE T	u1√ ²³ c	NAME OF CI	METERY OR CREA	MATORY	23d. LOCATION	0-7-0	0
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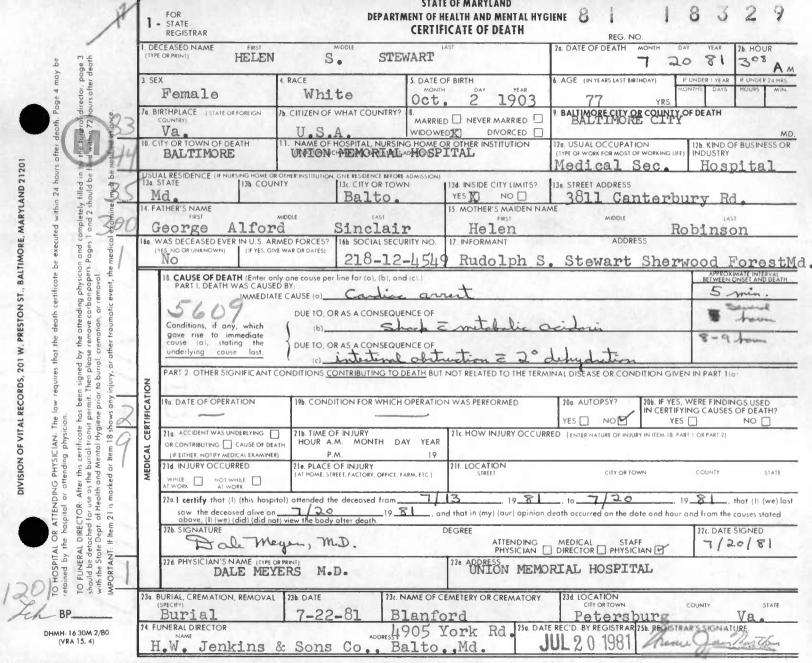
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Company that is him to distinct the control of the

Idean Home 9/28 B.T. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH 26 HOUR Gertrude LIVE OF PRINTS 4 RACE 2. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 1896 84 To BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA WIDOWEDX DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Retired 13b. COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland 900 Argyle Street NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Maria Smith George Asby 17 INFORMANT 345 36th Stareet, N. E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 5319 Mrs. Shirley Sturghill-Goddaughter (IF YES, GIVE WAR OR DATES) 20 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21s PLACE OF INJURY 21f. LOCATION G CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (this haspital) amended the deceased fram sow the deceased olive on , and that in (my) (gur) opinian death occurred on the date and hour and from the couses stated abave, (1) (we) (did (did not) view the body after 226 SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAM FUNE old be 22e ADDRES MPORT 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 981 Lincoln Memorial Cemetery-Suitland July Buria D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/B0 (VRA 15, 4)

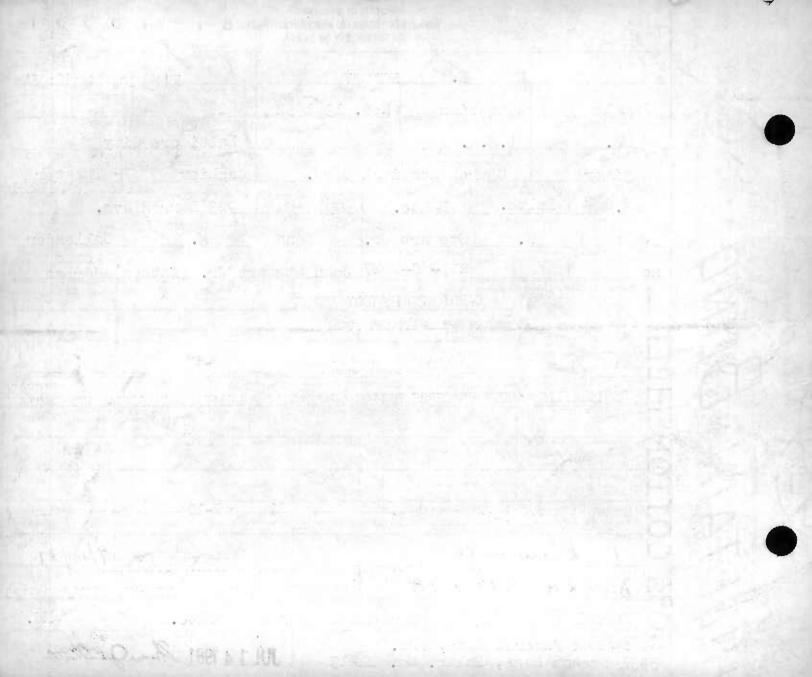
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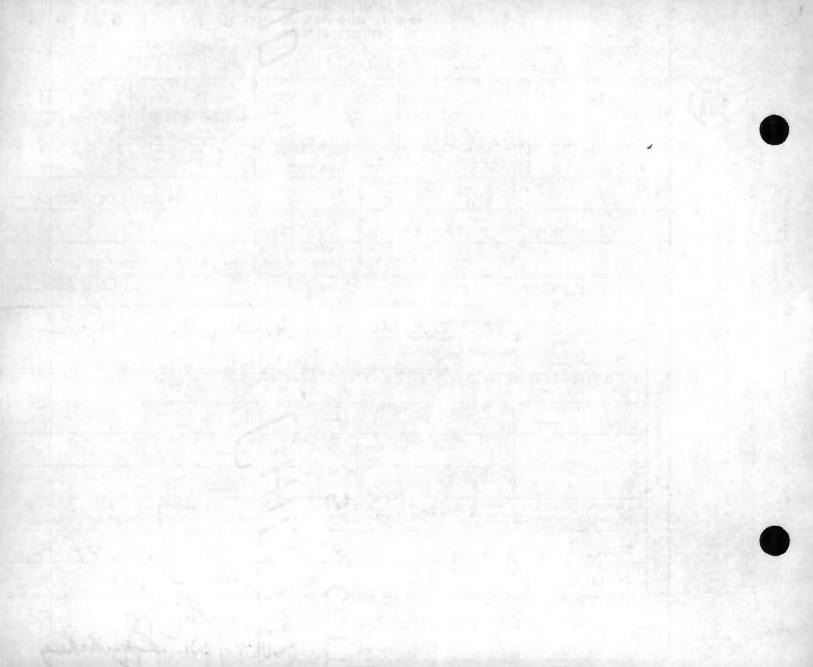


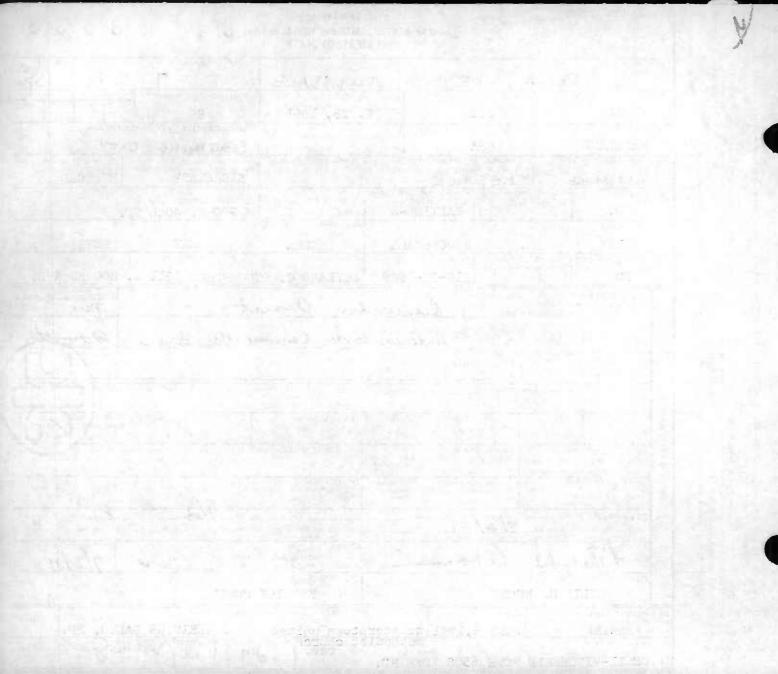
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				STATE OF MARYLAND		0 2 7 0
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			-L &	STEWART	JULY 19, 198	
In?	3. SEX	101-	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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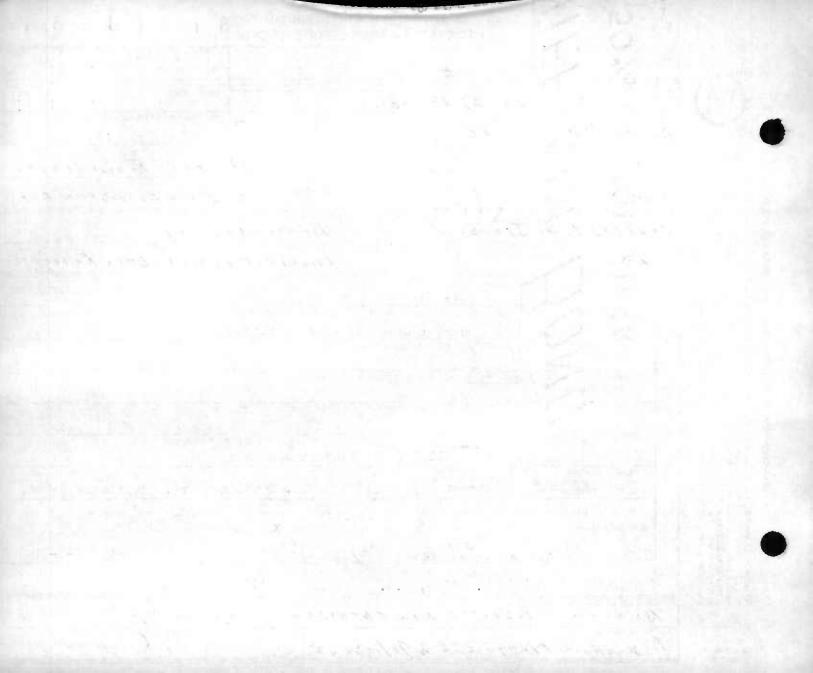
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At RECORDS, the let inquire to be has been significant. Then the permit. Then the prior to be how sony injury.	CERTIFICATION	7/24	EMBOLUS (1)	SUP. FEMORAL ART	YES NOTH YES	ING CAUSES OF DEATH?
VITA ysicio cote onsit Hygie	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
PEVI phys phys phys diffico di		OR CONTRIBUTING CAUSE OF DE				
Ing fing s ce wen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
NG PHYSICIAN: 1 ottending physiciate this certificate os the burdi-trions in and Mental Hyginaked or fem 18 st	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
				7/23/21 10	-126	621
ENDI rol or DR: A Heol			ital) attended the deceased from			98, tho (1) (we) last
TIN Spirit		above (I) (we) (aid) (did no	7 26 8 19		death accurred on the date and hour	
X + X 0 0 0		22b. SIGNATURE		DEGREE		224. DATE SIGNED
TAL O y the RAL Did detock tote Do		Secold Me	Mauerun	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/92/2
Zer Les		22 d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
O HOSPITAL TO FUNERAL Ishould be deto		GERALD MO	MANAMA	600 N W	XFE ST BALTO 1	4D 21302
5 % 5 % W	730	BURTAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
010200	/	13710	12/20/1001	T. STANISLAND A	A GUN OR TOWN	COUNTY - MAD
OIO SBY	4	JULY JAL	1/01/19810	SIANISLAM (E)	TE DECID BY DECISTO ADIAL DECISTO	AD'S SIGNIATURE
DHMH - 16 50M 1/81 (VRA 15, 4)	12	MAME NAME	ADDRESS	1' 2525 BODA	TE REC'D. BY REGISTRAR 256 REGISTR	AR S SIGNATURE
(VKA 13, 4)	M	SYMOND L'	MACLOROWSI	CI ELECTON J	UL 7. 8 1981 Chance	Sanllest

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Clark Produce Stuhler 213-20-3102 Joseph Stuhler, Ir. Owings Willsho

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

15.

MARRIED NEVER MARRIED WIDOWED XXX DIVORCED

113d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

REBECCA

1897

MONTH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

6606 EBERLE DR., APT. 101

SEPT.

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MANUFACTURER CLOTHING APT, 101 6606 EBERLE DR. #21215

2h HOUR

9:47

MARYLAND FATHER'S NAME

LYES, NO OR UNKNOWN)

NO

CERTIFICATION

ISAAC

RALTIMORE

STATE

I. DECEASED NAME

MALE BIRTHPLACE ISTATE OR FOREIGN

POLAND 10 CITY OR TOWN OF DEATH

COUNTRY

3g. STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

SWEREN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

(JENOT IN SUCH FACILITY GIVE STREET ADDRESS).

13c CITY OR TOWN

BALTIMORE

212-09-3729

A.

WHITE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

ANIDOLS

[IF YES, GIVE WAR OR DATES]

76. CITIZEN OF WHAT COUNTRY?

17 INFORMANT

MR. ELLWOOD SWEREN 6350 RED CEDAR PLA. BALTO.,

20a AUTOPSY?

214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

13e STREET ADDRESS

MIDDLE

REG. NO

20 DATE OF DEATH

& AGE LIN YEARS LAST RIPTHDAYS

83

21209 MD

GRAFSTEIN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

IB CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (O monay ART. Disease Conditions, if ony, which gove rise to immediate couse io, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost

190 DATE OF OPERATION

21d INJURY OCCURRED

22b. SIGNATURE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

HARR

113h. COUNTY

220 I certify that (I) (this haspital) attended the deceased from...

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

BALTO ... MD

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

DEGREE

211 LOCATION

ATTENDING

CITY OF TOWN

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

sow the deceased alive on_

6010 REISTERSTOWN RD.

NOT WHILE

17/81

EL MEMORIAL PARK RANDALLSTOWN, BALTO. MDATE

22e ADDRESS

(SPECIFY) BURIAL

21215

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE

d b MPORT

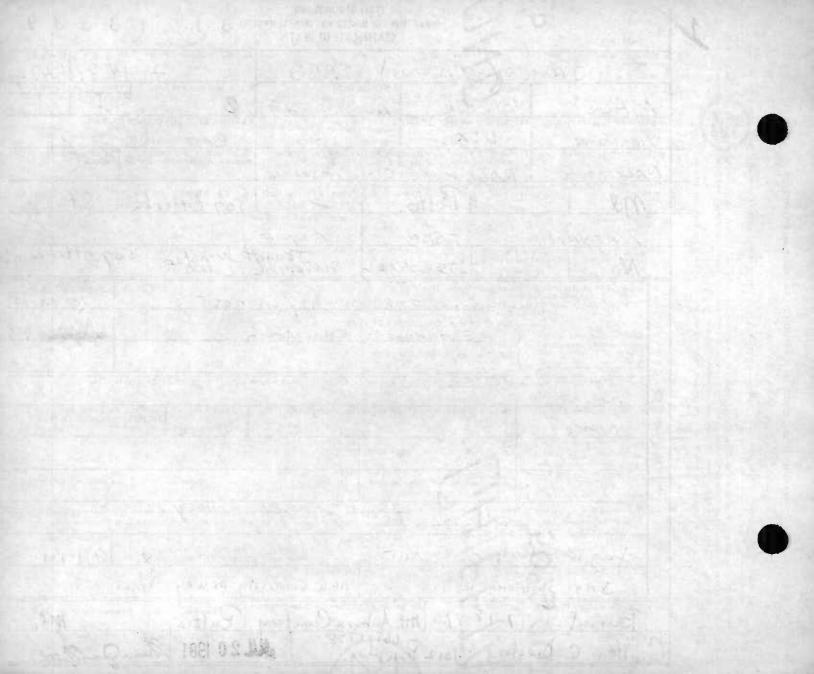
DHMH - 16 50M 1/81 (VRA 15, 4)

19 at F Washing . The AND SECURED ASSESSMENT OF THE PROPERTY OF THE LL TENNE THE GENERAL SERVER SELECTION of Contract of the Samuel Consumer ARTS Williams 10 year.

5	1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE 8	1 8	3 3 8
off 3		E OR PRINT)	ria iria	MIDDLE	Sz	abo	20. DATE OF DEATH July 24		YEAR 26 HOUR O
ector, page 3 rs after death	3. SE		4. RACE	hite	5. DATE O		6 AGE (IN YEARS LAST BIRE		R I YEAR IF UNDER 24 HRS BAIS HOURS MIN.
97		IRTHPLACE (STATE OR FOR COUNTRY) Hungary	U.	OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED A	Baltimore City o	R COUNTY OF DE	ATH MD.
Me	bi	ITY OR TOWN OF DEATH Baltimore	330	9 Rueckert	Ave	(Residence)	IZU USUAL OCCUPATION INVESTOR WORK FOR MOST OF SEAMS TREE	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
BS	130. Ma	aryland	b. COUNTY	13c CITY OR TOW Baltimo:	N		3309 Rue	Balt., Md ckert Ave	. 21214 nue
and 2 s		THER'S NAME FIRST Janos	MIDDLE	Szabo		15. MOTHER'S MAIDEN NAM	MIDDLE		enye
s. Pages		VAS DECEASED EVER IN YES NO OR UNKNOWN) {	U.S. ARMED FORCE: IF YES, GIVE WAR OR DATES			J.B. Williams		Dallie	Md. 21214
s been signed by the attendin rmit. Then please remove corb prior to burial, cremation, ar any injury, ar ather traumatic	CERTIFICATION	Conditions, if any, we gave rise to immediate to stating underlying cause PART 2 OTHER SIGNIF	chich diate the DUE TO ICANT CONDITIONS	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING TO E NOTION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	NAL DISEASE OR CONE	20b. IF YES, WERE	FINDINGS USED
inficate has transit pe al Hygiene 18 shows		21g. ACCIDENT WAS UNDERLO		E OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES 🗌	AUSES OF DEATH? NO PART 2)
After this cert e as the buria sith and Ment narked ar Iten	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLA	P.M. CE OF INJURY STREET FACTORY OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TOV	vn cou	UNITY STATE
TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Head MPORTANT: If Item 21 is marked to the state of the state o		22d. PHYSICIAN'S NAM	did not view the bo	ody after death.	BERT	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F	DATE / IGNED /2 7/8/
P	230 1	BURIAL, CREMATION, RE. (SPECIFY) Burial				emetery or crematory ns of Faith	23d LOCATION CITY OR JOWN Baltime	ore,	Maryland
H - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR	ick. Inc.	Baltimore	Mar	yland 25a. DATE	REC'D. BY REGISTRAR	GISTRA S	IGNANCE LAND

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		1		STATE OF MARYLAN	.D	
	2	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ATH	8 3 3 9
,		-			REG. NO.	
M.E.			CEASED NAME FIRST	MIDDLE 2 LAST	20 DATE OF DEATH MONTH D	DAY YEAR 26. HOUR
10 and 10			JAM	ES (WINSTON) TABL	3 + 1	4 8/14:47 PM
6 6		3. SE)		1. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS
		/	MALE	BLACK AUG 9	27 53 YRS.	MONTHS DAYS HOURS MIN.
A MAN I	5		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAI	9. BALTIMORE CITY OR COUNTY	OF DEATH
	53	V	IRGINIA	USA WIDOWED DIVO	DRCED D BALTIMORE	CITY MD.
1 11	51	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE PROPERTY OF THE PROPER	UTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FING LIFE	126. KIND OF BUSINESS OR
201 rs of by tiled	31	B	ALTIMONG	BACTIMORE CITY HOSE		.11 11 10 03 11 11
212	oe oe	USUA 130-S	L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		
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		lån ∨	AS DECEASED EVER IN U.S. AR		II II ADDRESS	200 0 440 1 2 0
MORE e exect	Bedico			WAR OR DATES)	eanette winston	of Ofter bein Si
an oan s. P.			100	212 COTICE PIGIT	PITAL CHART	
BALTIMOR	5		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c).		BETWEEN ONSET AND DEATH
ST.,	@ ^ @		IMMEDIA	ECAUSE (O) CARDIO - PUC MONAR	Y ARREST	10 MIN
	alic o		1519	DUE TO, OR AS A CONSEQUENCE OF		
ESTC death death atten ave c	E .		Conditions, if ony, which	(IN ESSPANCER'S CANCI	Man B	(2)
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0	au.		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF		
= 500;		-		(10)		
S, Single Bridge	÷	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(o)
ORDi requ en si or to	5	2	NONE			
RECORD low requirements. The	0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM	MED 20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
and		F	None			s 🗌 NO 🗍
JEVITA ILAN: Th physicio rificate letronsit ol Hygie		E	210. ACCIDENT WAS UNDERLYING		JRY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2)
ON OF IYSICIA ding ph is certifi burial-ti	He T	AL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19		
ding ding	10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION		
VISI	orked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	a air			tal) attended the deceased from JUCY 155	10 8/ in JULY 14	19 E / , that (I) (we) lost
T T T T T T	5		sow the deceased alive an		ur) opinion death occurred on the date and hour	
F & D + 0 C			obove, (1) (we) (did) (did no 22b, SIGNATURE	t) view the body ofter death	- /	
0 - 0 0 0	L He H		1 1	DEGREE	ENDING MEDICAL STAFF	226 DATE SIGNED
SPITAL OR A J by the horn VERAL DIRECTOR Depth of the horn VERAL DIRECTOR OF STORE OF STORE OF THE STORE OF T				PHI	YSICIAN DIRECTOR PHYSICIAN	7/14/81
	4		22- PHY ICHAN'S NAME (TYPE O			
TO FUNE should be with the S	MPOKI AN		JAY SLI	HACHNEIZ 116 WIU	inversity PRWAY BAZ	. 7 .
710 5 5 5 4 3	<u> </u>	23a. B	URIAL CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CRE	EMATORY 234-LOCATION	
Leh BP	131	(5	Burial	17-18-61 hat 1.1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COUNTY
		74 -51	INERAL DIRECTOR	116-173 CC	250. DALE REC'D. BY REGISTRAN 256 REGISTR	PAP'S SIGNATURE
DHMH - 16 50M 7/77 (VR A 15 (4))		1	NAME /	ADDRESS (607)	JUL 2 0 1981 Than	O O 'T
V		4	ir Iton C. Doi	191935 1012 Jenn Ave.	1301 Many	- Janlasth.



1001

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

Total move I St Hipe regarded - AN- M-7270 STEPL M. - TOTAL BUT SEE IN. . SEE STEPLE : 1 Supering and Jours 37 10 i t Who should refin be a first the offenda

- STATE REGISTRAR			DEPART		ICATE OF D		IENE Q	REG. NO.	1 0	3	9 1
DECEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF D	DEATH MONTH	DAY	YEAR	2b. HOUR
(TIPE OR PRINT)	JEAN	MA	ARY		TAWA			07	05	81	12:001
3 SEX		4 RACE		5. DATE C			6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
FEMALE		WH	ITE	03	23	YEAR 21		60 y	MONTH	15 DAYS	HOURS MIN
BIRTHPLACE (5) COUNTRY) MARYLANI			WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER M	ARRIED ORCED		ECITY OR COU	NTY OF	DEATH	M
BALT IMOR	RE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET OF WILKEN	S AVE			12a USUAL OG (TYPE OF WORK F NURSES	OR MOST OF WORK	NG LIFE) IN	NDUSTRY	TAL
MARYLAND	(IF NURSING HOME OF		13c CITY OR TOW BALTIMOR	/N	440	NO 🗌		WILKEN	S AVI	ENUE,	21223
4. FATHER'S NAME FIRST GILBER	RT	MIDDLE	POWE LL			maiden na LLA	ME	MIDDLE		FAI	
60 WAS DECEASED (YES, NO OR UNKNO)		MED FORCES?	216-14-		JOHN T		730 WIL	ADDRESS KENS AV	ENUE,	212	23
Conditions, i gove rise to couse to underlying	ATH WAS CAUSE IMMEDIA only, which o immediate stating the couse last	DUE TO, O	P AS A CONSEQUI	INCE OF C		y anker lase.	died inal disease	of condition	GIVEN IN	Sin	MATE INTERNAL PROPERTY AND DEATH
AD THE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOP				NGS USED OF DEATH?
OD CONTRACTOR	VAS UNDERLYING EIG CAUSE OF DE	A LEI	DF INJURY M. MONTH D. M.	AY YEAR	21c HOW INJ	ury occure	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART 1	OR PART 2)	
CONTRIBUTION (IF EITHER NOTE 21d. INJURY OF WHILE WHILE A WORR	CCURRED	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE F	FARM ETC)	211 LOCATIO STREET	N		CITY OR TOWN	(OUNTY	STATE

22a.1 certify that (1) (this hospital) attended the deceased from

22h SIGNALURS

KNIPP

M.D.

view the body ofter death

5411 OLD FREDERICK ROAD

22e ADDRESS

ATTENDING PHYSICIAN

DEGREE

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

24 FUNERAL DIRECTOR

ADDRESS

23d. LOCATION
CITY OR TOWN
BALTIMORE CITY

and that in (my) (sort opinion death occurred on the date and hour and from the couses stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

MARYLAND

77c DATE SJONES

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

07-08-81

23b. DATE

OHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has

should be detoched for use os with the State Dept. of Health

and Mental Hygiene prior to

morked or Ite

MPORTANT: If Item 21 is

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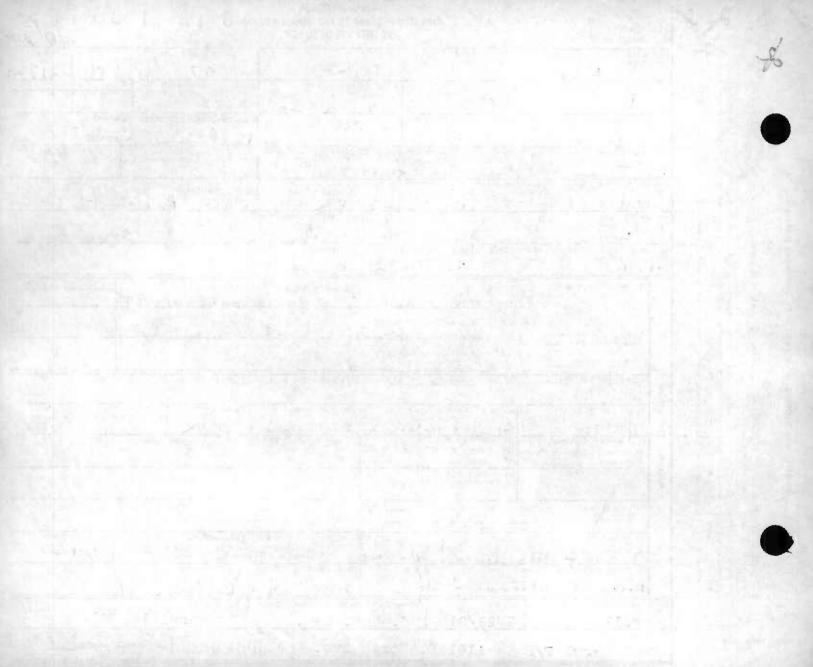
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	STATE OF MARYLAND	49
8	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	3
m F	(TYPE OR PRINT)	HOUR
be oge 3 deoth	CANNE	= 15 A.
ctor, po	F B 2 15 04 76 YRS MONTHS DAYS HOU	NDER 24 HRS
Of MARS	76. BIRTHPLACE (STATE OR FOREIGN 1/6 CITIZEN OF WHAT COUNTRY? 8 MARRIED 1/2 NEVER	MD.
of the state of th	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LUTHERAN HOSP. 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY homemaker	INESS OR
AND 212 24 hour filled on mynthe.	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 137 STATE 138 STREET ADDRESS 130 STRE	
The same of the sa	14 FATHER'S NAME	
# 1300	Samuel NMI Hubbard Irene NMI hubba	rd
MORE, seekly on ond ce Poges I	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 161 YES, NO OR UNKNOWN) 161 YES, GIVE WAR OR DATES) 161 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS William H. Taylor-727 Druild Pk	. Dr.
NDS, 201 W. PRESTON ST., BA equires that the death certifican ingred by the attending physic then please remove contoacydes to burnot, crempton, a removal roury, or other fraumotic event, it	18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and ICO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	AND DEATH
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WITH THE PARTY OF		
N OS CL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
OLYSION OF PHYSICIA otherwise certains certain as the bound-th and Meritain order or the more desired or them.	21d. INJURY OCCURRED WHILE AT WORK AT WORK COUNTY 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
Z = # 5 F		(I) (we) lost
DR ATTE hospitu oirecto ched for bept. of t	abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGN	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/8	81
TO HOSPITAL Indicated by the TO FUNERAL should be deta with the Store	22d PHYSICIAN'S NAME (TYPE OR PRINT) ARUNKUMAR. 22e. ADDRESS	
30/52 5433	236. BURIAL, CREMATION, REMOVAL 236. DATE 231, NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN	STATE
P. L. BP	Burial 7/11/81 Wicomico Church Cem Wicomico Church	.,. Va.
DHMH - 16 50M 1/76 (VR A 13 (4))	24 FUNERAL DIRECTOR Joseph L. Russ2222 W. North Ave 250. Date Rec'd. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	Thu

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1 V V	1			STATE OF MARYLAND					
C 0 6	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 , 1 8						
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 10 DA				
2 7		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
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yor og	3. SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS				
s ofte		F	R	MONTH DAY YEAR	45 YRS. MONTHS DAYS HOURS MIN				
g 2 2 3	7a. B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	245 8	9 BALTIMORE CITY OR COUNTY OF DEATH				
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(別用) 学一	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION IDENTIFY OF BUSINESS OF				
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2 2 20	1 10. :	STATE 136 COL	JINTY 136. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	2605 Ruck Height Terre				
1 12 TO	114. F/	ATHER'S NAME	Dolle	15. MOTHER'S MAIDEN N					
A LIDEN		FIRST	MIDDLE	FIRST	A MIDDLE LAST				
E, N	16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE		ADDRESS Stevenson				
AOR and opport	1	YES, NO OR UNKNOWN)	IVE WAR OR DATEST	120m					
4 65 4	\vdash	KN I			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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ording conding		4447	DUE TO, OR AS A CONSE	OUENCE OF					
deot otton, fraum		Canditions, if ony, which	(b) hypoxia,	nyperiorema, hyper	Salemia, hypolensia				
W. Pl		cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF					
tho tho		underlying cause lost.	(c) Reval	Failure					
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Ich BD		(SPECIFY)		Md. Vet. Cem.	Crownsville, Md.				
g- br	_	UNERAL DIRECTOR	1/23/01		ATE REC'D. BY REGISTRAR IS A SISTRAR AT ICHIATARD				
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4		1.	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG CATE OF DEATH	REG. N	18340
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ter	H,	3. SE	X	4. RACE		S. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HA
1		Je B	Male RTHPLACE (STATE OR FOREIGN	Black	WHAT COUNTRY?	8	-25 -1907	9 BALTIMORE CITY	YRS. PROUNTY OF DEATH
M	11		COUNTRY)		200L	MARRIED	NEVER MARRIED DIVORCED		
	20	10. C	S.C.	US.	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	Baltimo	ION 126 KIND OF BUSINESS (
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1	2	ปรบ. 13¢	AL RESIDENCE LIF NURSING HOME OF	ROTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS	
	27		Md		Balto		YES X NO		lamburg Street
	0 0	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	LAST
A SE	DU		John		Taylor	12.0	Juial		Stoud
4	Medico /		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT 238 N	I. Pinknev	St. Union S.C. 29
-	Ë		No		718 10	5040	Johnnie Beat	trice Walke	er Worthy APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Aution No.	Indust.	CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED
chowco	0/1	FF						YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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dor them 18 ch		MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
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ie m	2		220.1 certify that (1) (this hosp saw the deceased alive a	17/2	6 105	2/ 00	that in (my) (exchapping)	death accurred on the o	late and haur and from the causes stated
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16 16	Ė		liley.	Up) trear	1 1		MEDICAL STA	
TANIT	Z		224 PHYSICIAN'S NAME (TYPE	OR PRINT			22e ADDRESS	DIRECTOR FITTS	LIANT
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IA	3		BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
_		$B_{\mathfrak{t}}$	rial	8-2-8	1 Re	hobot	h Churce Ce		
во		24 F	UNERAL DIRECTOR						
		-	rown Thompson	T) 77	ADDRESS	D . T.		JUL 27 1981	1256. HO STRAR'S GIGNATURE

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME D 001 OTIS TAYLOR DATE OF BIRTH 5EX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 173/1900 YEAR MALE WHITE 81 Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. WIDOWED DIVORCED BALTIMORE CITY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STAND 13. STREEL ADDRESS EDGE HILL AVE 13d. INSIDE CITY LIMITS? YES T 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME DANIAL TAYLOR CLARAXEDXXXXXX WILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT EDGE HILL (YES. NO OR UNKNOWN) (IF YES, GIVEN OR DATES) 218-05-881 MRS JOYCE TAYLOR 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ENTRICULAR TACHYCURDIN/FIBRILATION DUE TO, OR AS A CONSEQUENCE OF MYOCHRDIAL INFARCTIONS MULTIPLE Conditions, if ony, which gove rise to immediate Am1 7-7-81 couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHF CHRONIC 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) WED 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ . and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22¢ DATE SIGNED 226. SIGNATUR DEGREE MI ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS PATRICIA M. WALSH MD 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MARION, MD COUNTY STATE "BURIAL 16/81 ST. PAUL CEMETERY

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR CEVIN R. WILSON

PRINCESS ANNE MD.

CONTROL TO THE PROPERTY OF THE TAXABLE OF THE PARTY OF TH THE STATE OF THE PROPERTY AND A STREET BOATS OF THE PROPERTY O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TEHANSKY

MARRIED A NEVER MARRIED

5. DATE OF BIRTH

TINOM

WIDOWED

28

PRONOUNCED 20 DATE OF DEATH MONTH DAY YEAR - 26 HOUR

			7/	24/81				
6	AGE (II	N YEARS LAST BE	RTHDAY)	IF UNDE	IF UNDER I YEAR			
l	80		up.c	MONTHS	DAYS	HC		

YEAR O 1 9 BALTIMORE CITY OR COUNTY OF DEATH

BALTO. CITY

12a USUAL OCCUPATION

126 KIND OF BUSINESS OR INDUSTRY LAUNDRY ENG. LAUNDRY

20852

13d INSIDE CITY LIMITS? 130 STREET ADDRESS

DIVORCED

15 MOTHER'S MAIDEN NAME Joanna

4816 OX BOW ROAD MIDDLE

Galick

166 SOCIAL SECURITY NO. 217

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

EXPIRED ON ROUTE TO MERCY

12 9184 EMILY BARTKO 4816 OX BOW ROAD

ROCKVILLE, MD. 20852

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

> 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

P.M

21e PLACE OF INJURY

YES [] NOT

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f 1OCATION

CITY OR TOWN

22e ADDRESS

ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Removal/Burial

7/28/81

23¢ NAME OF CEMETERY OR CREMATORY Ukrainian Ch. Cem.

DEGREE

Shamokin

and that in (my) (our) apinion death accurred on the date and hour and

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

21d. INJURY OCCURRED WHILE NOT WHILE

FOR

REGISTRAR

MALE

FIRST

JOHN

4 RACE

MONTGOMERY

(IF YES, GIVE WAR OR DATES)

WHITE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

ROCKVILLE

Tehansky

DECEASED NAME

- STATE

TYPE OR PRINTA

220.1 certify that (I) (this haspital) attended the deceased from

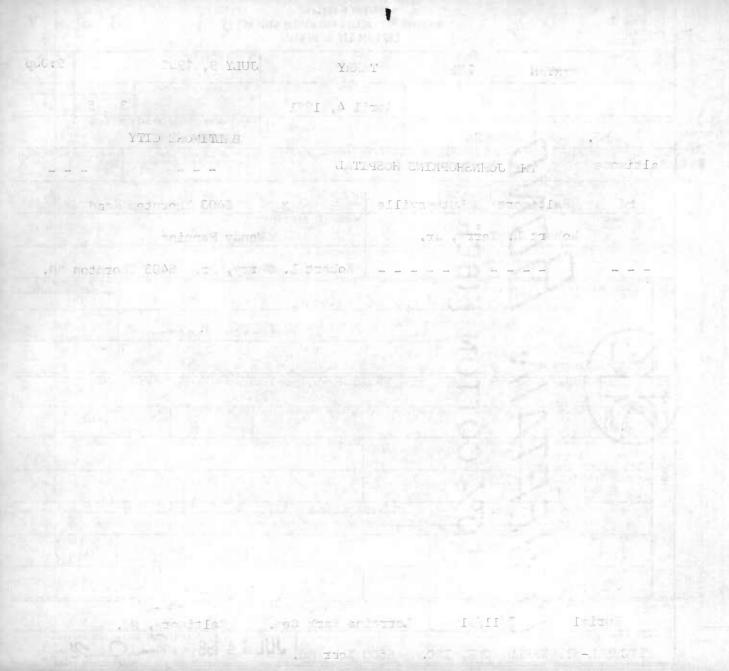
saw the deceased alive on, obove, (I) (we) (dig (did not) view the body after death

Balto., Md. 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

TTEB- OLLAR · Date: Vogetore Telefore The state of the same and the s THE COURT OF THE C

2	FOR STATE REGISTRAR	DEP	#TATE OF MARYLAND ARTMEN? OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	TGIENE B REG. NO.	8 3 4 9
و پا	I. DECEASED NAME FIRST (TYPE OR PRINT)	YAN LEE	TERRY	JULY 9, 1981	YEAR 26 HOURD
ge 4 may	3. SEX	4 RACE	5. DATE OF BIRTH April 4, 1981	TAN-	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
eg the second	Md.	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
by the fifted with	Baltimore	HE JOHNSHOPKI		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21:	130 STATE	COROTHER INSTITUTION GIVE RESIDENCE OUNTY 134 CITY OR Ltimore Luthe		13e STREET ADDRESS 8403 Thornton	Road
Complete	Robe	ert L. Terry, Jr	FIRST	Wendy Manning	LAST
be exect on and it. Pages	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT Robert L.		hornton Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to burial, cremation, or removal are reasonable for them 18 shows any injury, are other traumatic event, the medical graminer must be made or them.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause loss. PART 2: OTHER SIGNIFICATION OF THE PART 2: OTHER PART 3: OTH	DIATE CAUSE (o) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	trienter syptal d	WALD LO SULLE	N IN PART 1(0)
SION OF VITAL RECOR	190. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEXA WHILE ACCURATED ACCIDENT WAS UNDERLYIN OR CONTRIBUTION OR CONTRIBUT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NOT YES YES RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	
Z S S S S S S S S S S S S S S S S S S S	220 I certify that (I) (this is	ospital) attended he deceased for	FICE, FARM, ETC.) STREET	to Hourself on the date and hour	9 that (I) (we) lost and Irom the couses stated
TO HOSPITAL OR ATTE retained by the hospital TO FUNERAL DIRECTO should be detached for with the State Dept. of IMPORTANT: If hem 21	22d PHYSICIAN'S NAME (1)	\sim	ATTENDING PHYSICIAN 22e ADDRESS Johns	Hopkins Sh	3/9/81 ·
£ BP	230 BURIAL, CREMATION, REMO (SPECIFY) Burial 24 FUNERAL DIRECTOR	7/11/81	Lorraine Park Cem.	CITY OR TOWN	
OHMH-16 30M 2/80 (VRA 15, 4)	NAME	DEFELD HOME, INC	6500 Yerk Rd	OL 1 4 1981 Thence	Jan Marthen

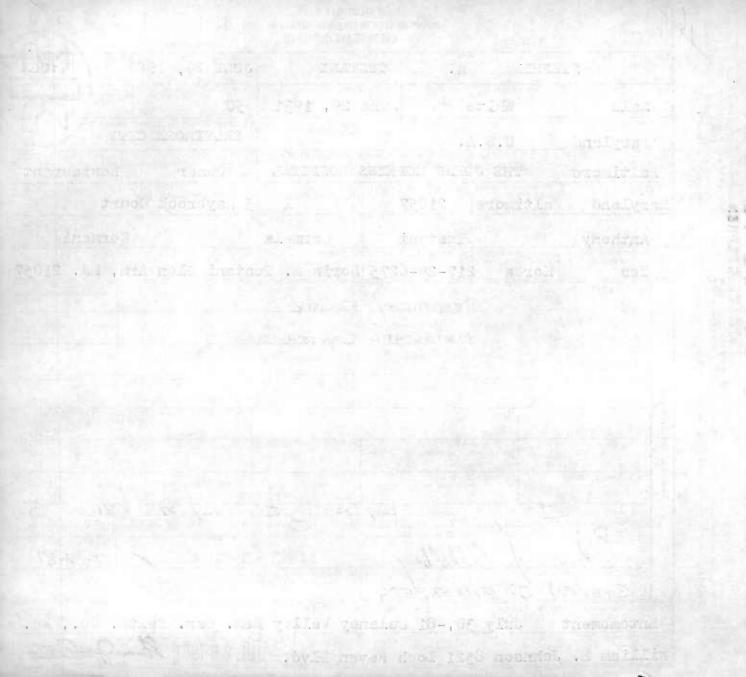


FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

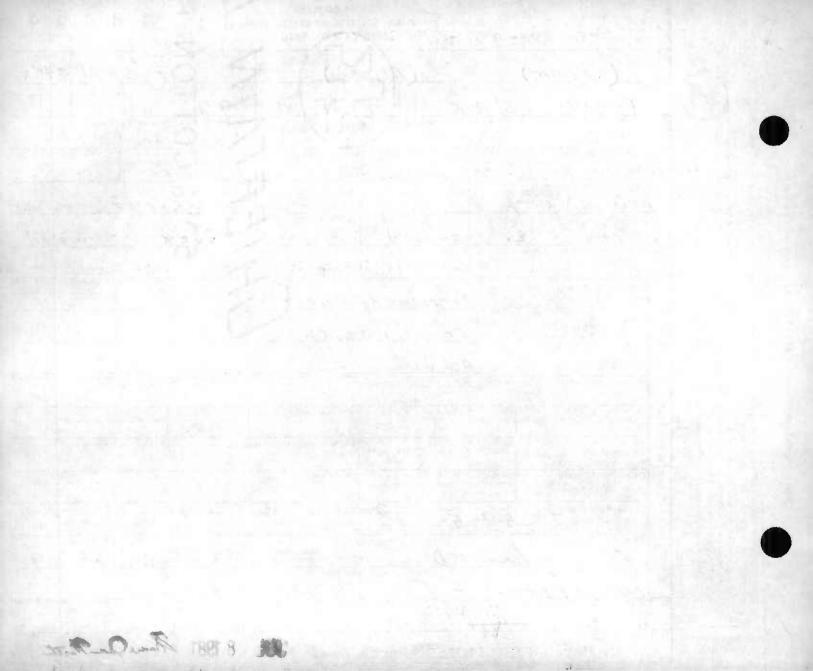


3,712	-	ems #10	a-22a F1			ATE OF MAR		IVOIENE A		0 7	(co.)
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		REGISTRAR	FIRST	ME	MIDDLE	NEK 3 CER	TIFICATE		REG. NO.		
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- 1	3 SEX		Mary 4. RACE	5. DATE OF BIRTH	velyn 6. AGE (IN)	Thie	erfelder R I YR. IIF UNDER		MATED [7 I5 19	YEAR 24 HOLLR
	_			MONTH DAY	42 LAST BIRTH	DAY) MONTHS	DAYS HOURS	MIN. PRONOL	NCED		6:26
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S		REIGN COUNTRY)		1154	I COUNTRY?	MARRIED	- NEVER-MARR	120 🔲			AIR
	in Ci	U re		II NAME OF HO	SPITAL, NURSING HOA	WIDOWED	NSTITUTION	12a USUAL OCCI	Itimore		MD.
n)			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS			FOR MOST OF WO	PRKING LIFE)	OR IN	OF BUSINESS NOUSTRY Home
1	WSU.	Baltim		223 N. L	iberty St.		2206	House	DORR	Act	Home_
	13a. S	d.	13b. 60UN	ΤΥ	Baltimore	2 13d	INSIDE CITY LIMITS?	130. STREET ADDR	rles Pla	ıza	
	14. FA	THER'S NAME		MIDDLE	LAST	15.	MOTHER'S MAID	EN NAME	MIDDLE	ĮAS	ST
	(lifford		8.	Shreve		Viola	Ar	bogast		
	16a. V	S. NO OR UNKNOW	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR		INFORMANT		ADDRESS	La Tella	
9		No	_		232-66-8	314	Shirley L	ohr 5 Ro	secrans	Pl. Apt	1-A 21236
		18 CAUSE OF	DEATH (Enter an		e far (a), (b), and (c).)					APPR	OXIMATE INTERVAL
		GOA		TE CAUSE (a)	cute Amitr;	ptyline	Intoxic	cation			
1-13		180.	3	DUE TO, OF	AS A CONSEQUENCE	OF -					
			s, if any, which to immediate	(b)				3			
		cause (a) : lying caus	stating the <u>under-</u>	DUE TO, OF	AS A CONSEQUENCE	OF					
				(c)							
	N	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEL	MINAL DISEASE OR (CONDITION GIVEN IN PA	IRT 1 (a).			
	ATK	19a. DATE OF	OPERATION	196. COND	TION FOR WHICH OPE	RATION WAS F	PERFORMED?			20 AU	TOPSY?
П	IFIC									YE	s X X NO 🗆
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5	AL.	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I		A. MONTH DAY YEA A. 19	/K					
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		22n Learnin		e of the remains do	scribed above, held an	Autopsy	Inspectio	n , Inquir			
		death resulte		ral causes .		uicide ,	Hamicide .	Undetermined n		in my apinian	
		deam resulte	A A	di cooses [],	Accident L.J., S		TITLE (SPECIFY)	Underermined h	ionner [-].		
	(in)	ACTUAL SIGNATURE_	Una	ma x	Dolan		Assistant	MEDICAL EXA	AA INIED	DATE 7-	-16-81
5			0			M.D.1		MEDICAL EXA	MINEK	210NED	
<		EXAMINER'S N (TYPE OR PRIN	NAME Virg	inia L. D	olan, M.D.	ADD	RESS	I Penn S	treet		
	23a. B	JRIAL, CREMAT	ION, REMOVAL 2		23c. NAME OF C		W-100	23d. LOCATION		COUNTY	STATE
	(5	Buri Buri	al	7-21-81	Suburba	n Memor	ial Gods	Dover	York	Co Pen	nsulvania
	24. FI	NERAL DIRECT		ADDRES				REC'D. BY REGISTR		RAR'S SIGNATUR	E .
	LC	.S. Zeil	er & Son	Inc. 622	4 Eastern	Avenue		2 1 1981	han	Jan May	206-
							18.5				

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-	1/			STAT	E OF MARYLAND	16 2	8 1 3 1 9 5	7
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deoth deoth	(TYPE	ORPRINT) Alice		The	MAS		7-9-81	25 (A)
offer o	3. SE	Land	4. RACE	S. DATE (OAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 PHS HOURS MIN.
S	70 R	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OLINITRY2 8	23 1911	B BALTIMODE CITY C	YRS. PR COUNTY OF DEATH	
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120	100	DANNE W HA	(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT {Type OF WORK FOR MOST O	ION 12b. KIND OF	F BUSINESS OR
E 4-12	JANU.	L BESIDENCE IV NUMBER	OF NSTITUTION, GIVE RESID	DENCE BEFORE ADMISSION	1901	Housewi	re	
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and 2 s	14. FA	THER'S NAME Edward	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	CAST	La
2 0	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SO	CIAL SECURITY NO.	17 INFORMANT	ADDRI	SS	161
Poges			E WAR OR DATES)	-18-9317-1	Mr. James	FILOMA	SIA	
Hen Hen		IN CAUSE OF BEATH S	911	10 2001-0	TIP DAMES	L. INOMAS	APPROXI	MATE INTERVAL DISET AND DEATH
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rour		Conditions, if ony, which gove rise to immediate	(b)	devere 1	Irady Cardi	a, 7/1 cardi	ac-pulmatrest	
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7 -	CERTIFICATION							
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Shows	E	7 16 B 16 T 17				YES NO	YES	NO 🗌
18 sh	Ü	21a. ACCIDENT WAS UNDERLYING	1100110 4 14 140	Y ONTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	¥	OR CONTRIBUTING CAUSE OF DEA	ATT.	19				
or Hem	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	RY	211. LOCATION	CITY OR TO	WN COUNTY	STATE
ke of	Z	WHILE NOT WHILE	(AT HOME STREET, FACTO	DRY, OFFICE, FARM, ETC.)	STREET	CHYOKIC	- COUNT	STATE
mar	1	22a.1 certify that (1) (this hospi	tol/@tended the decen	and from Quelo	4 4 10 1	1 10 41/2	9 10 81	that (1) (we) las
H is			1 1 11	1 87.4	ad that in my Pour) onin	ion death occurred on the d	, ,,	
n. of	120	saw the sleceosed alive on above (Wwey did (did no	t) view the body after de-	ath.				
Pep f		22b. SIGNATURE	1.2		DEGREE	e uspica. ct.	22c. DATE S	SIGNED
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME MIDDLE (TYPE OR PRINT) ESTI-7-19-81 DEATH MATED ANDREW THOMAS 4 RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 72440UR MONTH LAST BIRTHDAYL PRONOUNCED 7-19-81 3 00 81 YRS DEAD male. black. Th. CITIZEN OF WHAT COUNTRY? JE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRYL Md. USA WIDOWED X DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFFT OR INDUSTRY 726 E. Biddle Street Baltimore USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13. STREET ADDRESS 30 STATE Balto. 13d. INSIDE CITY LIMITS? Biddle St. Md. YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Georgia Randolph DIVISION OF VIN Frazier Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. **ADDRESS** IYES NO OR UNKNOWN Gladys McCormick 726 E. Biddle St 216-03-4697 No 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BUR YES [NOTE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MES.

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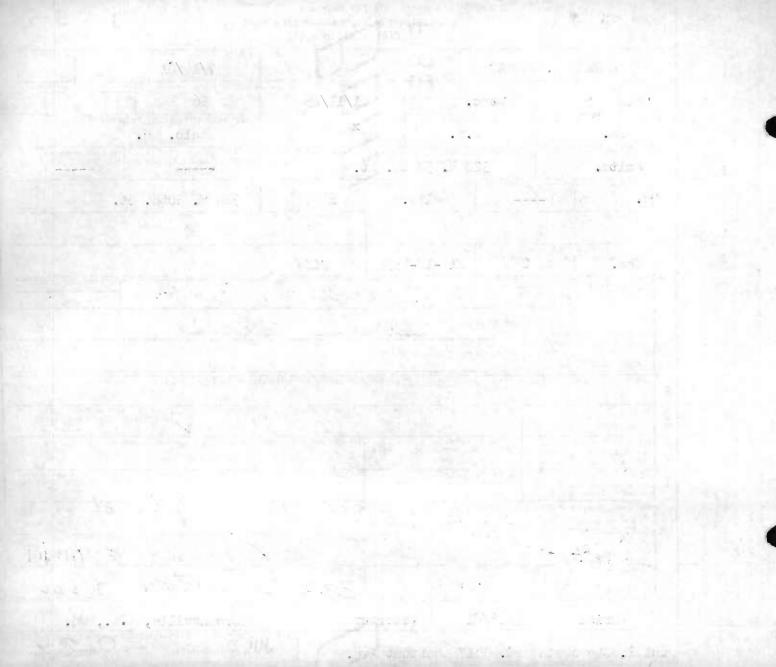
TO FUNERAL DIRECTOR: PA
AFIER DEATH WITH THE ST

AUTIMORE, MARYLAND, S 226 I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted from Natural causes VX Hamicide Undetermined manner TITLE (SPECIFY) 7-19-81 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION Mt. Calvary Cem. Burial 7/23/81 Anne Arundel Co., 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1101 E. North Ave. **DHMH-17** VR A15 ME (5)) Wm C March F/H 15AA 2/80

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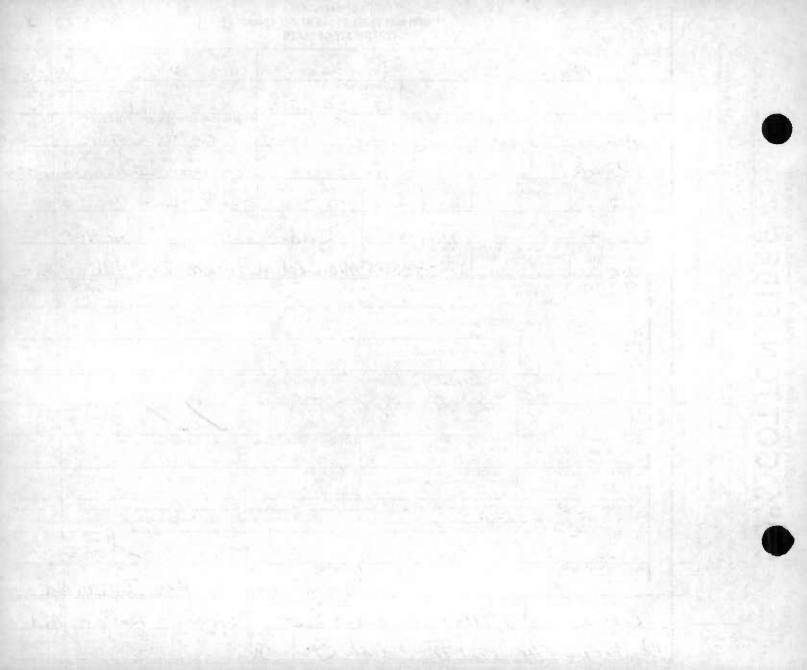
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MARYLA ed within mpletely and 2 sh	14. F	ATHER'S NAME FIRST ?	MIDDLE LAST		15. MOTHER'S MAIDEN NA/ FIRST		LAST		
301 W. PRESTON ST., BALTIMORE, set that the death certificate be executed by the attending physician and caplease remave carban papers. Pages 1 urial, cremation, ar remaval.		WAS DECEASED EVER IN U.S. AR (YES, NO ORUNKNOWN) (IF YES, GIV)		8-2556	17 INFORMANT Wife	ADDRESS			
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DIVISION OF VITAL RECORDS, ENDING PHYSICIAN; The low requir tol or attending physician. OR, After this certificate has been sign ruse as the burial-transit permit. Then Health and Mental Hygiene prior to b is marked ar Item 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (SETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasping saw the literal did alive on	ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 CE, FARM, ETC.]	211 LOCATION STREET 6/23, 19	CITY OR TOWN	COUNTY STATE 19 / , that (I) (we) lost		
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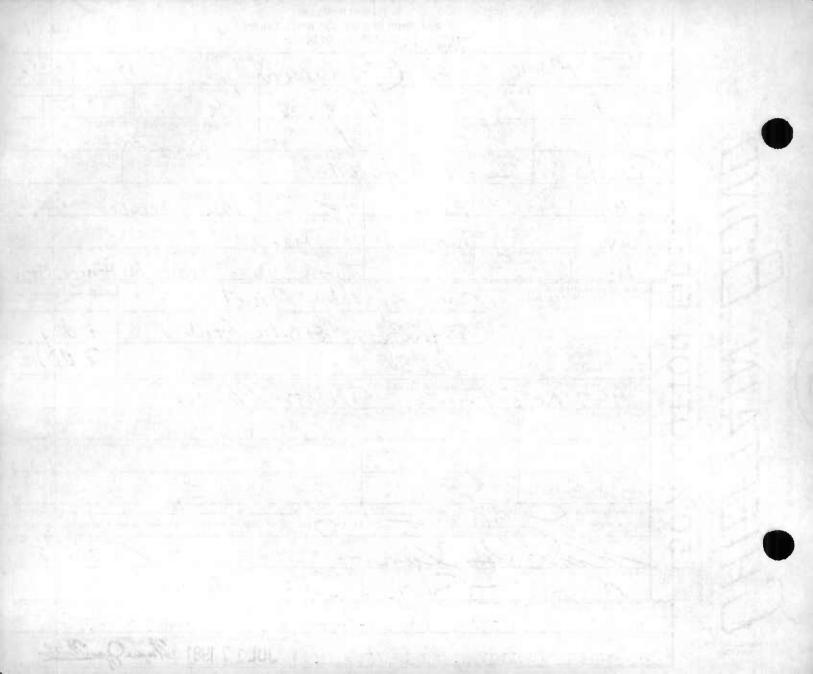
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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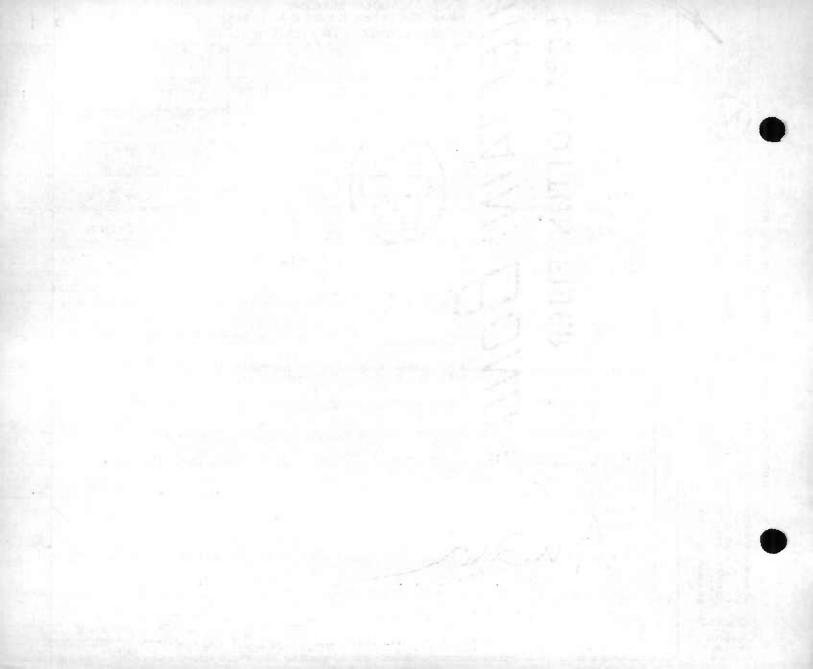
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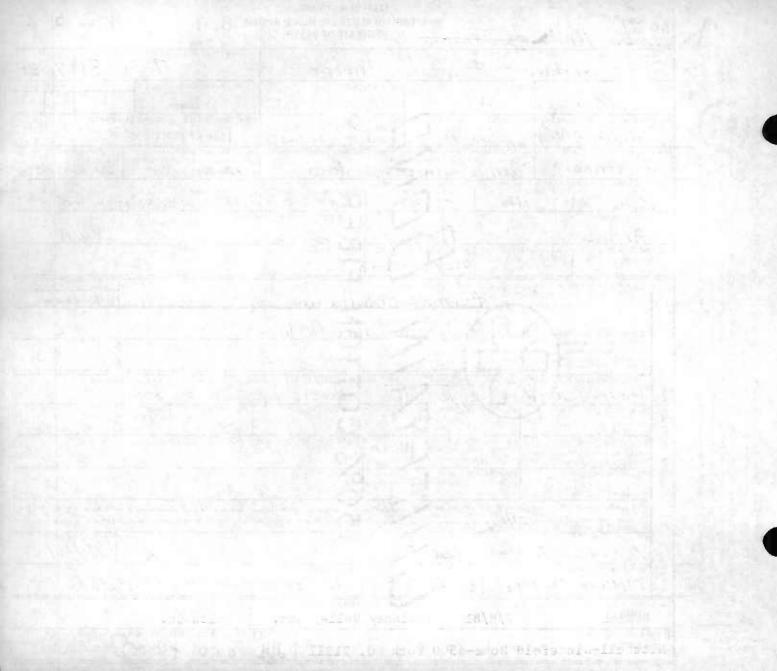
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TO MEDICAL E EXECUTE THE PAGE A SHOUT TO FUNERAL AFTER DEATH BALTIMORE,		NER'S NAME A	nn M. Dix	on, M.D.		ADDRESS	111 Penn	St.				
D 9023		REMATION, REMOVAL	236 DATE 8/1/81	23c NAME OF C	emetery c	Cem.	236 LOCATION Bal			JNTY	STATE	
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STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 28. DATE KNOWN (TYPE OR PRINT) OF ESTI-T. 19 81 WAYNE DEATH MATED THOMPSON 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 19 81 male 58 negro 9 9 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA NYC WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS University Hospital FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY Balto. 13d. INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Marie Jones Thompson Frederick 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS 2824 E. Chase St. Marie Thompson No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL E CHIEF MEDICAL EXAMINER ALONG WINT OF HEAVIT PERMIT NOT OF HEALTH AND MENTAL HYGIENE, THEN BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Closed head trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKIVAND, 21201 PRIGR TO BURIAL, YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING OR HOUR ***
CONTRIBUTING CAUSE OF DEATH 1: 15P.M. 7-22- 1981 Driver of auto that lost control. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 195 & Moravia Blvd. Balto. road Md. Inspection XX 220 I certify that I took charge of the remains described above, held an Inquiry and in my apinian Accident X death resulted from: Suicide Hamicide L Undetermined manner Natural causes TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 7-24-81 SIGNATURE Dixon, 111 Penn St. EXAMINER'S NAME Ann M. (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) 7/28/81 Baltimore, Md. Baltimore Cem. Burial REGISTPANS SIGNAPURE 24 FUNERAL DIRECTOR ADDRESS 101 E. North Ave. **DHMH-17** March F/H (VR A15 ME (5) 15M 2/80



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3	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE B REG. NO.	8 3 6 5
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BALTIMORE.		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 279-66	- a la a	re E. Wamloff.	2710 Westfield
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X		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 8 3	6 /
		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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	-	AMANDA E. TOOPS JULY 18, 1981	9:19RM
		S. DATE OF BIRTH MONTH DAY YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	hereta m	remale white 1.13 81 yrs 3	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYLAND 21201	W 1 200	JSUAL RESIDENCE (IF NURSING HE - OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
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WA	pa publication	Last Last Linda T. Smith	16
85 81	and co	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
WO	Pogo e	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) - Larry D. Tages - Sec. 13	
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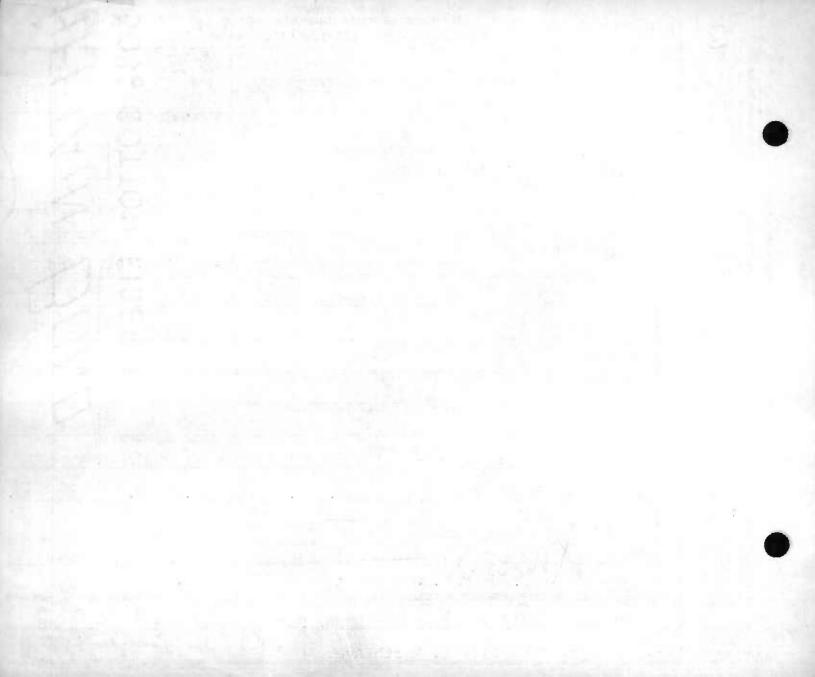
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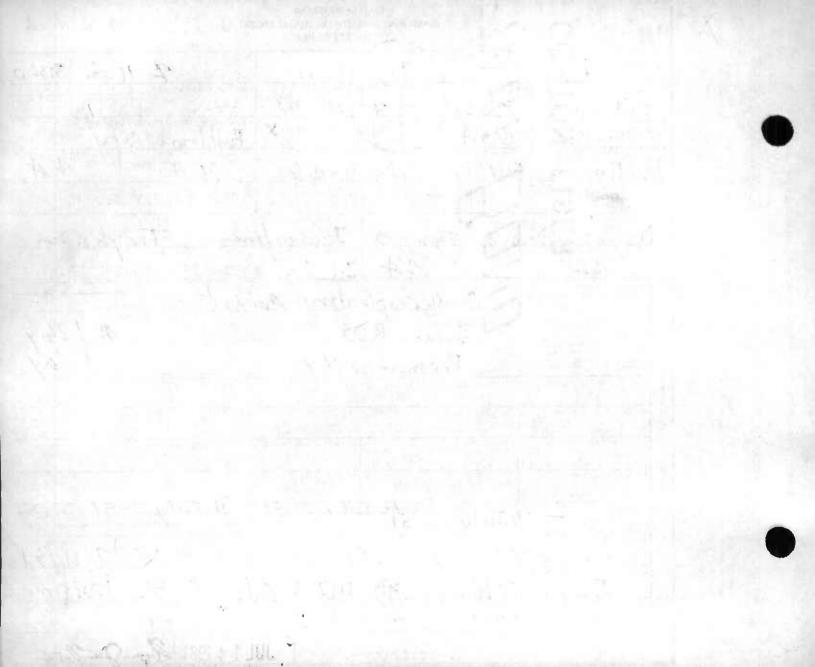
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN X 2a. DATE DAY (TYPE OR PRINT) OF ESTI-Ronald Tracev 1981 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2d HOUR DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 19 81 male. white 28 YRS 12:00 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH -night 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED TO NEVER MARRIED FOREIGN COUNTRY) U.S. WIDOWED DIVORCED Baltimore 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Lutheran Hospital Patrolman Balto. City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET, ADDRESS 40th, St. Md. Salto. YES-NO [BURIAL - TRANSIT PERMIT. PAGES I AND AND MENTAL HYGIENE, DIVISION OF MITTAL HYGIENE, DIVISION OF REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Walter Amgia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 214-58-5614 wife 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gun: Handgun MMEDIATE CAUSE (0) Multiple gun shot wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A EOF HEALTH CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD RECOUR THE WORD "PROGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES T NO L 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING 11:40 PM 7/20 19 81 subject shot CONTRIBUTING CAUSE OF DEATH 21. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY AT WORK XXT WORK street Monroe&BakerSts.Baltimore MD 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide XX death resulted from Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/21/81 Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME HOTMEZ R. Guard, M.D. ADDRESS 111 Penn Street Baltimore MD 21201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burla Balto. STATE Lorraine Park Ad. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Chenoweth 3rd. 1017 Chestnut Ave. (VR A15 ME (5)) 15M 2/80

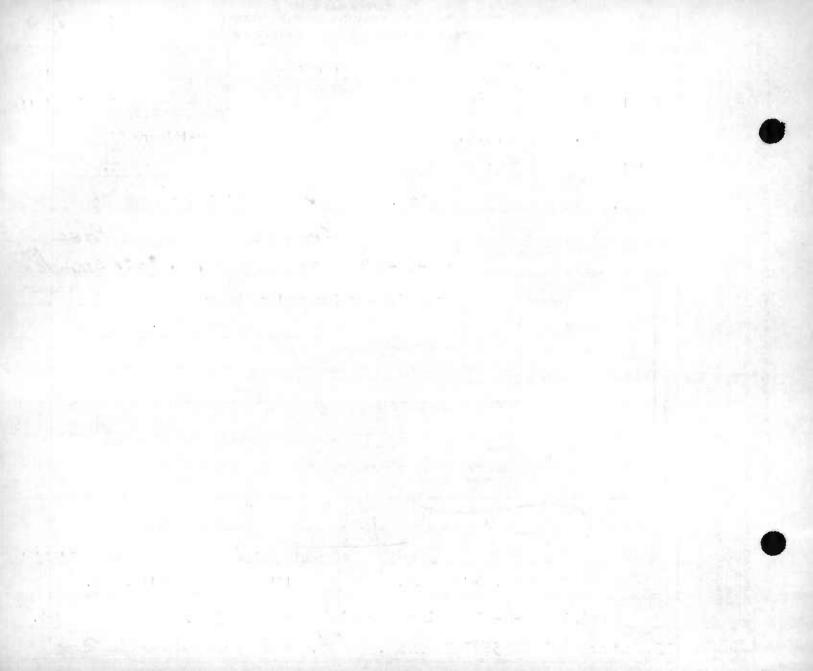
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DHMH - 16 50M 1/76		UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250 AGGISTRAR'S SIGNATURE



1-	STATE REGISTRAR	MEDICA	AL EXAMINER'S		F DEATH RE	G. NO.
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230.1	EXAMINER'S NAME Tho	mas D. Smith	, M.D.	_ADDRESS	Penn St. Ba	alto., MD.
	Burial FUNERAL DIRECTOR	8-4-81	King Memor	ial Park	Balto. REC'D. BY REGISTRAR 35. 5 1981	COUNTY REGISTRAR'S SIGNATURE
	NAME					

STATE OF MARYLAND



Dundalk, MD. 21222

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

FOR

REGISTRAR I. DECEASED NAME

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH DAY 8 YEAR IF UNDER 1 YEAR **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY 416 South Bouldin Street Stolze ADDRE 16 S. Bouldin St. Balto., MD. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE and that in (my) our opinion deoth occurred on the date and haur and from the causes stated 22c. DAVE SIGN DIRECTOR PHYSICIAN Baltimore Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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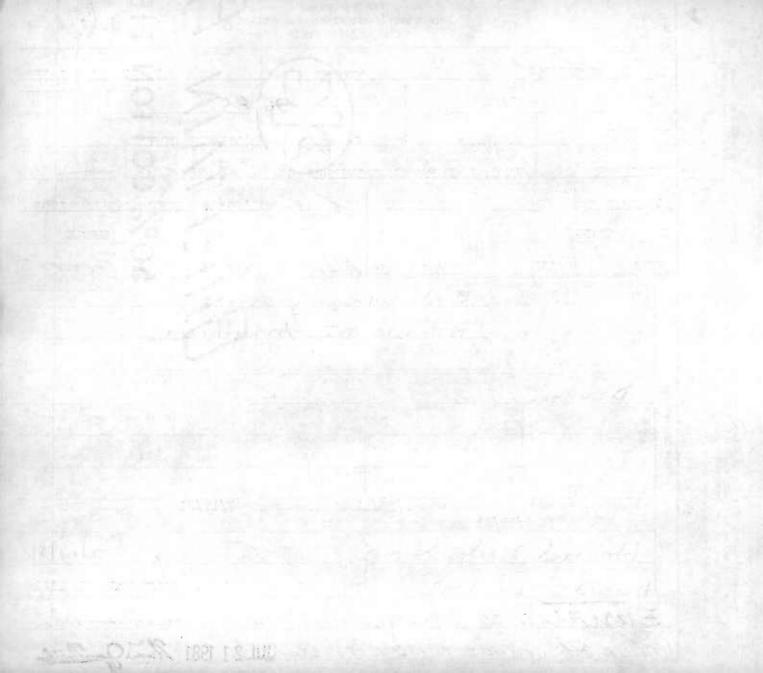
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

- STATE

REGISTRAR



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	OR ATT e haspit DIRECTO oched fo Dept. of f tem 21	-	sow the deceased alive an		DATE SIGNED
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STATE OF MARYLAND

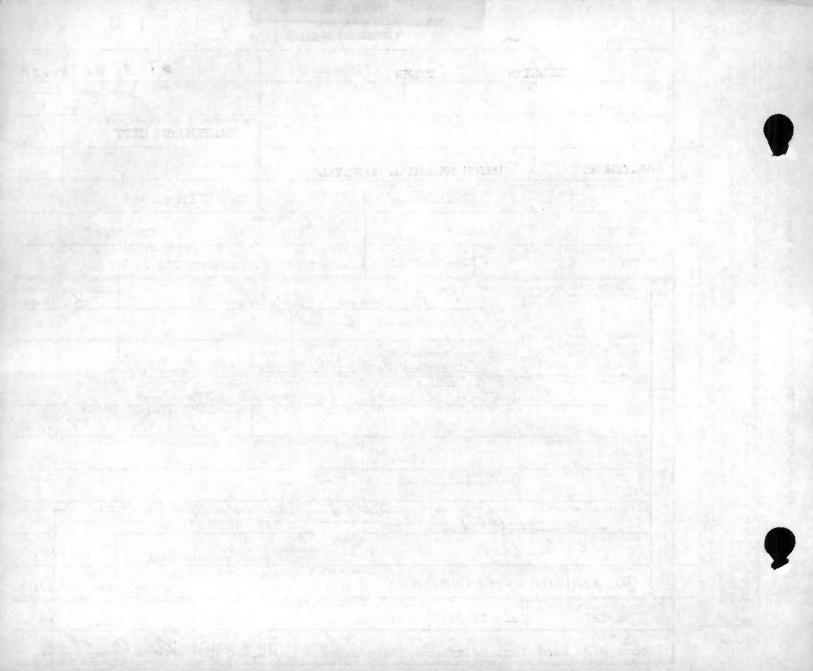
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Total Past Mode Last Tyley First Post Tyley	130 STATE Md	136. CITY OR TOWN	13d. INSIDE CITY LIMITS?	906 Ross	lyn Avenue,	
TEST NO OF UNINDOWN IF YES, GNE WAR OR DATES) None Richard D. Tyler, Cambridge, Md.	Coll Richa	rd G. Tyler	FIRST LTSQ CP	ofl)	Te	_
PART 1. DEATH WAS CAUSEÓ BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNMENT OF THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED CONTRIBUTI	G TES. NO OR UNKNOV	WN) (IF YES, GIVE WAR OR DATES)				,
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR POUR STREET CITY OR TOWN STREET CITY OR TOWN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR IF EITHER, NOTIFY MEDICAL EXAMINER) POUR A.M. MONTH DAY TEAR 19 216 PLACE OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 PLACE OF INJURY (IAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE TOWN STREET CITY OR TOWN COUNTY STATE TOWN STREET CITY OR TOWN COUNTY STATE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE NOTIFY MEDICAL STAFF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN THE NOTIFY MEDICAL STAFF TOWN T	TIPICATE OF O DAYS OF O DA	PERATION 196 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this haspital) attended the deceased from 7 - 24 19 10 10 10 10 10 10 10 10 10 10 10 10 10	E = - A OR CONTRIBUTION	IG CAUSE OF DEATH IFY MEDICAL EXAMINER) HOUR A.M. MONTH DAY YEA P.M. 15	R	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART ?}	
saw the deceased olive on 7-26 19 / Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave. (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	AT WORK	NOT WHILE AT WORK AT WORK	STREET	CITY OR TOW		STATE
PHYSICIAN DIRECTOR PHYSICIAN DIR	saw the d	deceased olive on 7-26 19 8/ (we) (did) (did nat) view the body after death.	ond that in (my) (our) opinion de		te and hour and from the	e causes stated
Joo R. Kim. 900 caton Avenue, Balto, Md. 2/229	TO TO THE PHYSICIAN	NS NAME (TYPE OBJERINI)	PHYSICIAN [DIRECTOR PHYSIC	1	1. dept.
	Should the	Too R. Kim.	900 caton A	venue, Ba	lto , Md.	20229

MATTER MEDITINAL SET AND ASSESSMENT OF THE SET OF THE S

STATE OF MARYLAND



TO FUNCEAL DRECTOR, After this certificate has been signed by the attending physican and completing fulled in should be detached for use as the bursal-trainst permit. Then plane remove carbon-pagers. Pages 1 and 2 should live with the State Dept. of Health and Merital Hygierse prior to bursal, cremotion, or removal.

40 HOSFIFAL OF ATTENDING PHYSICIAN. The law inquires that the death certilicate be executed required by the hospital or otherding physician.

1	FOR STATE REGISTRAR		DEPARTMENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 8 3 8
TOEC	CEASED NAME FIRST	AN O	(1)	ac laub	20 DATE OF DEATH MONTH
1.56)	X	4 RACE	I. DATE (6 AGE (IN YEARS LAST BIRTHDA)
100	Female	White	Jar	1/ 0	90 YRS BASS HOURS
7a B1	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OR COUNTY OF DEATH
	Marvland	USA	WIDOW	ED T NEVER MARRIED TO	Ratto City
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION 124 KIND OF BUSINE
Ra	ltimore		ly, GIVE STREET ADDRESS)	eral Hospital	Music Teacher Education
USUA	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	ROTHER INSTITUTION, GIVE RES			13e STREET ADDRESS
	Md -	В	altimore	YES NO	3728 Tudor Arms Avenue
14 FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE LAST
	James H.	Towson	2001	Jann	
	VAS DECEASED EVER IN U.S. AI		OCIAL SECURITY NO.	17 INFORMANT	ADDRESS
N			13 74 4880	Spencer S. U	Inglaub Same
Z	11 - 10 -	(CONDITIONS CONTRIB	TONSEQUENCE OF CUTE OF	Myocar die	Maydisease or condition given in part 100 Tress uker
0	17 3/A/16	will upo			
TIFICATIO	190 DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
CAL CERTIFICATION		21b. TIME OF INJUI HOUR A.M. M			IN CERTIFYING CAUSES OF DEATH
MEDICAL CERTIFICATIO	190 DATE OF CHERATON 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJUI HOUR A.M. M.	RY ONTH DAY YEAR 19		YES NO YES NO YES
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Schimunek Funeral Home, Inc.

Baltimore, Md. 21213

Brehms Lane

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DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

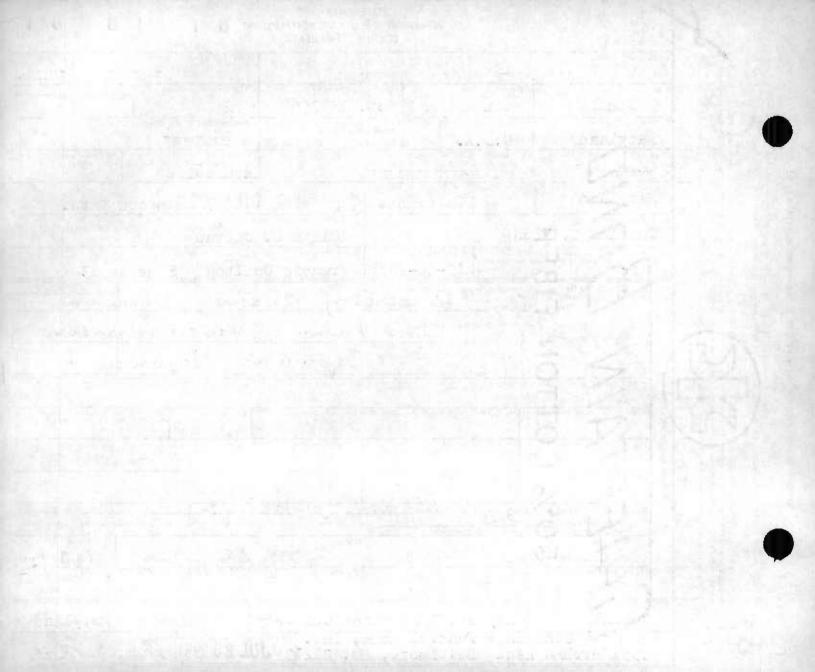
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

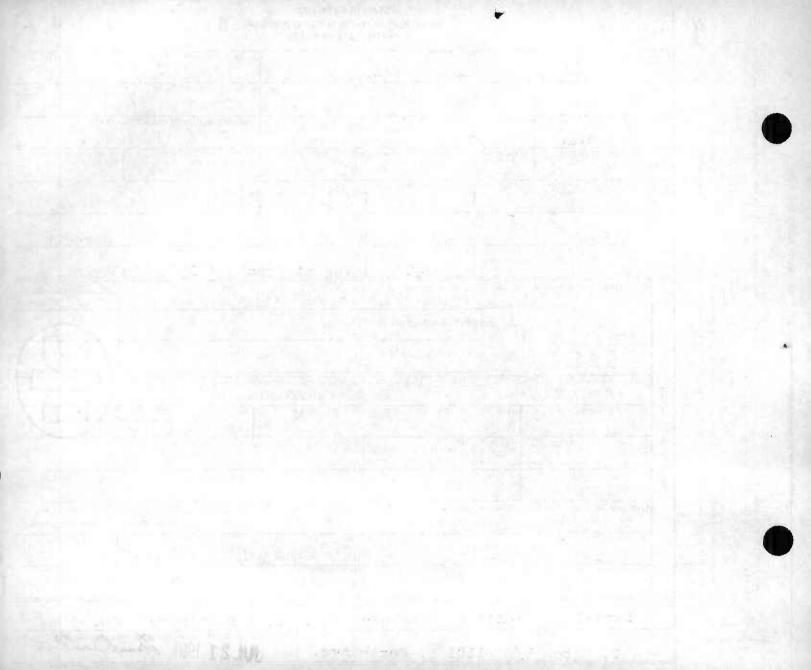
CERTIFICATE OF DEATH

LAST

REG. NO 2a DATE OF DEATH MONTH 2h HOUR 7 - 21 - 8110:22a IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 13. STREET ADDRESS Awe. Ave. Same as 13e derione 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE 22¢ DATE SIGNED YORK ROAD, TOWSON, MD HOSPILA 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



4	1-	FOR STATE	DEP	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY TICATE OF DEATH	GIENE 8	1	8 3	8 2
		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	· /	LAST DEATH	REG. N 20 DATE OF DEATH	MONTH DAY	_	h HOUR
ir, page 3 fter death	3. SE		1 RACE	5. DATE			THDAY) IF I		6 P
Shours o		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	02	26 36 0	9. BALTIMORE CITY O	YRS.		
n 75	10. CI	M &. TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	WIDOW RSING HOME	DR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND OF	BUSINESS
to by the	USU	AL RESIDENCE (IF NIME IN THE CO		EFORE ADMISSION)		(TYPE OF WORK FOR MOST O	40	INDUSTRY	
should be should	1	TATE CONTINUES NAME	Alto. 13c. CHTY OR	PLY O	136 INSIDE CITY LIMITS? YES NO NO NA	434 STREET ADDRESS	onnie	Ridge	DV
Se Ond 2		Alfred	Meredit		Annie	MIDDLE		Mere	dith
Poges medico		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G NO	IVE WAR OR DATES)	N/A	Vashti Br	ooks 4035		Aven	ue
physicic inpapers imaval.		PART I. DEATH WAS CAUS	anly one cause per line for (a), (b) ED BY: ATE CAUSE (a) MUL	TIPLE	MYELON	MA.			SET AND DEA
on, or re umofice		2030 Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF					TE V
ase remoti I, cremati ather tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF				7/10	弘斯
Then ple to burio injury, or	NO	PART 2. OTHER SIGNIFICANT ATHER O	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	WIAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IG CAUSES C	S USED F DEATH?
ental Hygi		2)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PART	T OR PART 2)	
se as the burial- olth and Menta marked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TOK: And or use of the offith		22a.1 certify that (I) (this hasp	n 19 - July	Comme 1	d that in (my) (aur) apinian		ote and hour ar	,	at (I) (we) I
etached re Dept.		27b. SIGNATURE	ot view the body after death.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	F /	22c. DATE S	GNED
should be detached with the State Dept.		220 PHYSICIAN'S NAME (TYPE	ORPRINT) KARIM		- I III SICIALI	U Belve		212	15
NP N	23a. E	URIAL, CREMATION, REMOVA SPECIFY Burial	1 23b. DATE 7/24/81		EMETERY OR CREMATORY US Mem. Pk.	23d. LOCATION		OUNTY Co.	мĎ
30M 2/80	24 FU	INERAL DIRECTOR	F/H 1101 F			TE REC'D. BY REGISTRAR	25b. REATERAL	R'S SIGNATU	



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STATE OF MARYLAND

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

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B	0		STATE OF MARYLAND	
4	5	FOR DEPART	MENT OF HEALTH AND MENTAL HYGIENE	8 1 8 3 8 5
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		DECEASED NAME FIRST MIDDLE	LAST 2e	DATE OF DEATH MONTH DAY YEAR 26 HOUR
	be 3	(TYPE OR PRINT) A LBERTO J. VI	CINI	JULY 26 1981 "
		3 SEX 4 RACE	5. DATE OF BIRTH 6. A	GE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS
	(M)	n W	MONTH 9 /26/98	82 YRS. MONTHS DAYS HOURS MIN.
	6 3 6/7	78. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?	MARRIED TEVER MARRIED [] B	SALTIMORE CITY OR COUNTY OF DEATH
	15 7/	ITALY USA	WIDOWED DIVORCED	BALTO, CITY MD.
	1 4 10 1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSI		USUAL OCCUPATION 12b KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY
6	5 37 5/	BALTO, BACTO, C	ITY HOSP A	MACHINIST
212	3 1000	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. STATE 131. CITY OR TOV	RE ADMISSION)	
9	8 18 15	130 STATE MYCOUNTY 130 CITY OR TOV		3003 DUNBRIN
NA NA	1 11 14	14 FATHER'S NAME	15 MOTHER'S MAIDEN NAME	y y the order
N.	1 25 /38 l	TOSEPH MODIE 1/10 LAST	ROSA	S A 1 / A ASAM
M .	3 88/19/	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS
O N	and and and ages	[YES, NO OR UNKNOWN] [IF YES, GIVE WAR OR DATES]	20250 11000	WICHAU AROUS
AL .	s. Pa	BILK 121321	17300 4/10/14	110/101 113006
¥ 80	ertificat physicia papers. emoval. tic event	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), or PART I. DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
51.	cerring ph	IMMEDIATE CAUSE (0) CARDIO	c Annest	
NO	death endir carbo on, or	4-14-7 DUE TO, OR AS A CONSEQU	ENCE OF	
EST		Conditions, if ony, which (1b) CORONS	ery Antony DISE	AR-
E.	hat the attremove crematic	gove rise to immediate couse 101, stating the DUETO, OR AS A CONSEQU	ENCE OF	
3	- 00.	underlying cause lost.		
20	equires igned l pleas burial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PART 1(a)
202	her s	190 DATE OF OPERATION 190 CONDITION FOR WHICH		
8	is bearing brio	190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 2	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
2	NG PHYSICIAN: The Inding physician. Iter this certificate has be burial-transit permit, and Mental Hygiene pring arked or Item 18 shows			YES NO VES NO NO
1	SICIAN hysician. certificat transit p ntal Hygis ftem 18.	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OF	HYSICL, physici, physici, is certifi ial-transfental H or I tem	CO CONTRIBUTING TO CAUSE OF BEATH HOUR A.M. MONTH	PAY YEAR	
NO	S PHYSICIAL ling physician r this certifice burial-transit d Mental Hyg ed or Item 18	OR CONTRIBUTION OF CASE ANAMERS P.M. [IF ETHER, NOTIFY MEDICAL EXAMINERS] P.M. 21d. INJURY OCCURRED 21d. PLACE OF INJURY [IAT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	
DIVISION	DING PI ttending After th s the bur th and N marked		FARM, ETC. STREET	CITY OR TOWN COUNTY STATE
6	or atte or atte TOR: A Use as ti Health		5-28 10 87	616 10 8/1
	L = F \	220 I certify that (I) (this hospital) attended the deceased from, saw the deceased alive on 7-20	21	to
	hospital DIRECT hed for u Dept. of I	above, (I) ((did not) view the body after gleath.	DEGREE	221 DATE SIGNED
4	ALOR AL DIRE tached for the Dept. of The Terms of T	The state of the s	THE ATTENDING M	STAGE O O O O
	F Casa S	To pedeurs Julia	PHYSICIAN HOT	RECTOR PHYSICIAN /- L)
	HOSPITAL ined by the FUNERAL did be detacted of the State of ORTANT:	22d. PHYSICIAN'S NAME ITYPE ORP	270 ADDRESS	2-2-12 1 824 2124
	TO HOSPITAL retained by the TO FUNERAL should be detect with the State I IMPORTANT:	1-KEDEKICK I Ju	1 MIN 57 7. OF	KREVE 1) 174501 41991
	F 5 F 4 3 4	230. BURIAL, CREMATION, REMOVAL 23b. DATE	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN A COUNTY STATE
	BP	BVRIAL /28/81 5	ACRED TEASY	BALTO. MA
- 1	DHMH-16 25M	24 FUNERAL DIRECTOR ADDRESS	250 PATE RE	C'D. BY REGISTRAR 251 GISTRAR'S SIGNATURE
Tel	(VRA 15, 4) 1/79		OF MACE AUG	4 1381 There 3
100				

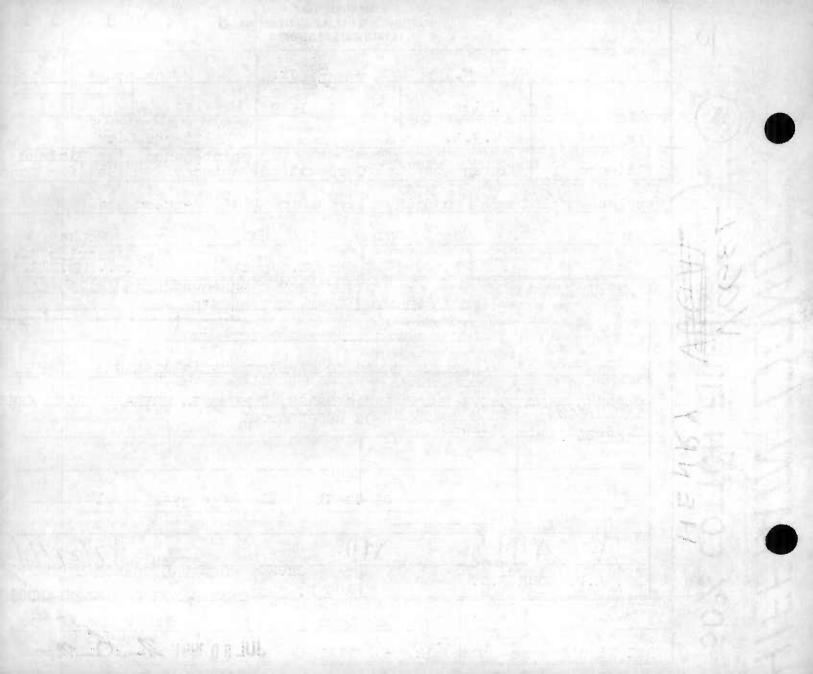
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.		W.	7
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOL	R
			HEN	RY	W.		VOGEL.	Jr.		07-	27-81	12:	15/m
	3. SEX	X		4 RACE		5. DATE (YEAR	6 AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DATE	IF UNDER	24 HRS
		ale		Whi	te	3	6	1909	7:				prins.
-		RTHPLACE ISTATE OR	FOREIGN	76. CITIZEN OF		NTRY? 8.	D NEVER A	AARRIED 🗆	9. BALTIMORE CITY				
-		Maryland		U.S		WIDOWI	ED Dr	VORCED [Baltin				MD.
	100	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	CH FACILITY, GIVE	URSING HOME (OR OTHER INST	ITUTION	Maintena	ince	126. KINDO IFE) INDUSTRY	semi	ind
7		altimore		Churc	h Hos	spital	Corpor	ation	Engineer	2	Bowl	ing	Lane
	13a. S	AL RESIDENCE (IF NUR STATE	NIL COUL	OTHER INSTITUTION	13c CITY OF	RTOWN	1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS		10.15		
>	$\overline{}$	aryland	Balt	imore	Dunc	lalk	YES 🗌	NO 💢	1960 Sea	arles	Road		
0	14 FA	ATHER'S NAME		MIDDLE	LAS	ST	15 MOTHER'S	MAIDEN NAM	ME		LAS	ī	
E		Henry		W.	Vogel		Eli	zabetl	h		Rep	ka	
		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMA			RES 196	0 Sear		
		No			212-0	7-3936	Mary	E. Vo	gel	Bal	· ·	D.21	
\$		18 CAUSE OF DEAT PART I. DEATH V	H (Enter or	ly one cause per	line for (o), (b), and (c) R	IGHT S	SIDE C	EREBROVA:	SCULA	R BETWEEN	MATE INTER	DEATH
1		PARTI. DEATH V		E CAUSE (o) Z		ENT WIT	H LEFT	HEMI	PARESTS				
1		4242		DUE TO, O	R AS A CON	SEQUENCE OF							
		Conditions, if ony		(b)_	CERE	BROVASC	ULAR I	NSUFF	ICIENCY				
7		couse (o), statu	ng the	DUE TO, O	R AS A CON	SEQUENCE OF							
7	136	underlying couse			7 X A SE TO T A SE	IOSCLER		-	VASCULAR	DISE			
	z	PART 2 OTHER SIG	NIFICANT (ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 110		
-	CERTIFICATION	CHRONIC	OBSI						NEUMONIA		ARY TR		XME
-	FICA	THECTT		TRAC	HEOS	TOMY FRAID	RESI	TRATO		IN CERTI	S, WERE FINDIN FYING CAUSES	OF DEAT	H?
1	ERTI	06-26	O I	FAII			Tate HOW IN	ILIBY OCCUPE	YES NO		ES 🗍	NO []
4		OR CONTRIBUTING				H DAY YEAR	ZIC HOW IN	JURT OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART (OR PART ?)		
2	MEDICAL	(IF EITHER NOTIFY MEDI		P. PLACE		19	211 LOCATIO	NI.					
	ME	WHILE NOT W				OFFICE, FARM, ETC.)	STREET	714	CITY OR	OWN	COUNTY	5	TATE
1		AT WORK AT WO	PRK	1) as 1 1 at		06-	02-8%	81	07-2	7-	81		
		22a.1 certify that (1) sow the deceas				19 81	nd that in (mv)	(pur) opinion o	death occurred on the	date and ha		thot (I) (-,
		obove.](I) (we) (did) (did no	1) view the body	ofter death		DEGREE	(00)	seem decorred on the	- Ond not	The DATE		5//
7		VI	N	MIX		K	A). A	TTENDING _		AFF _	7/-	>7/	1/
-		22d. PHYSICIAN'S N	AMF ITTE	I PRINCIL				CHURC	HOSPIT.		RPORAT	TON	(11-
		DR. A.F		Color Color									1
	23a D	BURIAL, CREMATION.	DEMOVAL	23b. DATE		23c NAME OF C	1100 1	V. BRO	ADWAY BA	CTIMO	RE, MAR	YI.AI	1D3]
		SPECIFY) Buria		7/30/	1001			.KEMATORY	CITY OR TOWN	D-14	COUNTY		TATE
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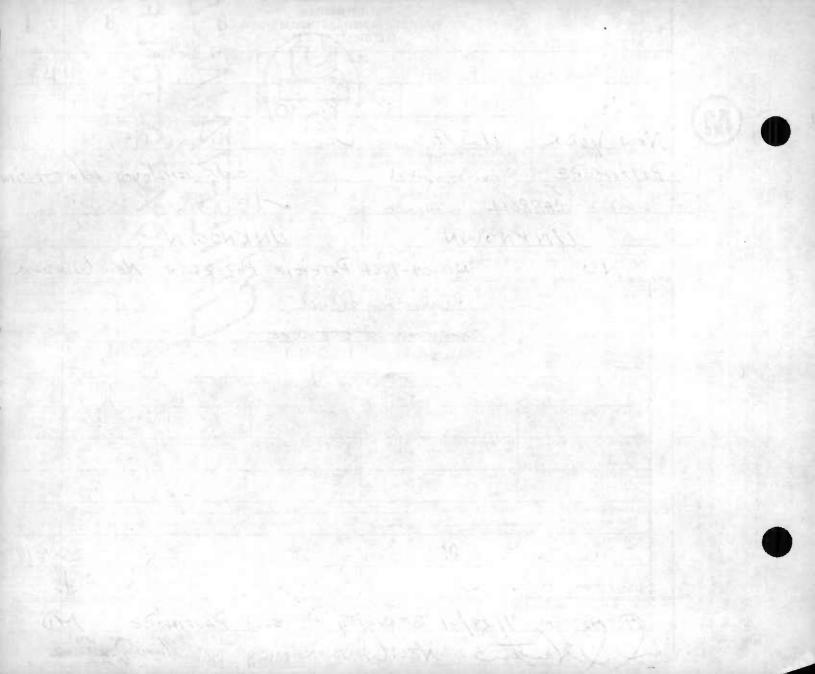
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PART I DEATH WAS CAUSED BY: Seizure disorder Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AM. MONTH, DAY, YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR AM. MONTH, DAY, YEAR	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seizure disorder Immediate Cause (b) Seizure disorder Conditions, if ony, which gove rise to immediate cause (a) stating the under-lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	160.	YES, NO. OR UNKNOWN) (IF YES, GIVE			10			()	rood B
HOUR A.M. MONTH DAY YEAR (UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22e 1 certify that I took charge of the remains described obove, held on death resulted from: Natural causes Against A. Korell, M.D. Assistant Medical Examiner ADDRESS. 19 21f. LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNT	NC	gove rise to immediate cause (a) stating the <u>underlying cause lost</u> .	DUE TO, OR A		IL DISEASE DR CONDITION (GIVEN IN PART T (a).			
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	AT WORK 22e 1 certify that I took charge of the remains described obove, held on Autopsy XX, Inspection , Inquiry , and in my opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) ACTUAL SIGNATURE	8	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. DEATH P.M.	MONTH DAY YEAR		OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	(TYPE OR PRINT) ADDRESS.	MEDICAL		e of the remains descr	rihed obove, hold on	Autoniu XIX	levesties 🗍	<u> </u>	414	
death resulted from: Natural couses , Agadent , Suicide , Homicide . Undetermined monner ,	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	MEDICAL	22a certify that I took charge death resulted from: Nature			de , Homicio	de Under	ermined monner,	DATE 7.	20-81

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10 HOSPITAL OR ATTENDING PHYSICIAN. The Iswarpined by the hospitol or offending physician.

DHMH - 16 50M 1 (VRA 15, 4)

	1.	FOR • STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYGI I FICATE OF DEATH	IENE 8	18391
death death	(TYP)	CEASED NAME FIRST Waldwop	Fulton	LAST G	20 DATE OF DEATH MG	7 25 8/ 1:15 PM
1	3 SE	Male	white 100	E OF BIRTH DAY YEAR 12	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
M29	70. B	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) EW VORK		RIED NEVER MARRIED WED DIVORCED	Baltimore city or	COUNTY OF DEATH
11 1/2	10 C	AITIMORE	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	VORKING LIFE) 12b. KIND OF BUSINESS OR
B	139	and CARR	ER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 1136. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130 & NEW	Windson Rds
1060)	ATHER'S NAME FIRST AND	NOWN LAST		KNOWN	LAST
Supply Supply		VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA			POBEZTSON	NEW WINDSON
is ugned by the attending phy their phone renore corbonal to busin, cremotion, or remo- nury, or offer traumotic ever	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON		of the lung	nal disease or condit	TION GIVEN IN PART 110
has been the property of the p	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	YES NO	N CERTIFYING CAUSES OF DEATH? YES NO TO THE
Acerthicate Mental Hyg r hem 18 st	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOT IFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1 216 PLACE OF INJURY		ED (ENTER NATURE OF INJURY II	NITEM 18. PART I OR PART 2)
After the on the other the order to sorked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM ETC.)		CITY OR TOWN	COUNTY STATE
d for one of the one of the m 21 is m		220-1 certify that (1) (this haspital) sow the deceased alive an abave, (1) (we) (did) (did nat) vi	19		ta leath accurred an the date	, 19, that (1) (we) last and haur and from the causes stated
KAL DIR detoche hote Dep		226, SIGNATURE Robe	to, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NA 7-25-8/
Sould be suff the S		27d PHYSICIAN'S NAME (THE ORPR	erts	Sinal Hospi		imore, Ad
		EREMATION.	7/29/91 SECY	PITI PROCESS		URE COUNTY MITATE
16 50M 1/81 RA 15, 4)	1	JAMES TON STAND	ADDRE/EW (JINDOR AUG	REC'D. BY REGISTRAR 24	REGISTRAD'S SIGN URE



-	2	1.	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.) 0	7 Com
y be	(8)		CEASED NAME FIRST OR PRINT)	ry	WIDDLE	W	alker	The DATE OF DEATH	8/81	YEAR	18:30 am
ige 4 mo	(III	3. SE	nale	BACE		S. DATE C	OF BIRTH	6 AGE INTERNACIONAL	YRS.	DAYS	IF UNDER 24 HRS
4 11 2	あわ	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
deat	1/	X	rosh Carbina	US		WIDOWE	D DIVORCED	Baltimo		-1.3	MD
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24 hour filled in ould be	200	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 CC	OR OTHER INSTITUTION	130 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	\$	14.5	Md		Balto.		YES X NO	1714 Faye	tte Stre	eet	
orted within	300	14. FA	THER'S NAME	WIDDLE	tast ?		15 MOTHER'S MAIDEN NAM	WIDDLE		? (AS	
e execu	medical			GIVE WAR OR DATES)			17 INFORMANT	ADDR			
be e	0	_	Yes	WWH	248 28 5	855	George Davi	s 3719 Edn	nondson		
, bA	oval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe ISED BY:		()	hi Diseas			BETWEEN	MATE INTERVAL DNSET AND DEATH
certific certific certification in graph in grap	or rem		1 GIGI IMMED	IATE CAUSE (o)	Meta	sta	u gistos				
tendi fe co	- 0		Conditions, if ony, which	1	OR AS A CONSEQUE	NCE OF			1.00		
he de de emov	r froum		gove rise to immediate couse (a), stating the	(b)_							
D .0 .0 .	other		underlying couse last.	DUE TO, C	DR AS A CONSEQUE	NCE OF					
The si	njury, or	NO	PART 2. OTHER SONIFICAN		ONTRIBUTING TO C	o Sili	not related to the JERM	1	IDITION GIVEN	IN PART 110	1
he low on. hos b	shows ony ii	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYING	G CAUSES	IGS USED OF DEATH? NO
SICIAN: The ng physicion certificate ho	r & a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
S S S S S S S S S S S S S S S S S S S	Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	NER) P	.M.	19				300	
	ed or	MED	21d. INJURY OCCURRED		OF INJURY FREET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
DING or of Affe	s mark		22a. I certify that (I) (this ha	soutol) ottended ti	he deceased from	1-	1- 10 01	17-	-8-10	81	that (I) (we) last
E 0 0 1	21 is		sow the deceased plive	00 7-	7- 19	57.00	d that in (my) (our) opinion (deoth occurred on the d	ote and hour on	-	
OR ATT e hospin DIRECT	fen.		obove, (I) (we) (did) (did 22b, SIGNATURE	not) view the body	y offer deoth.		DEGREE		L	22c. DATE	SIGNED
ral o y the Ral D detoc	T: If		04	N.	1G	-	ATTENDING PHYSICIAN	MEDICAL STA	FF SIAN 🗌		
HOSPIT ined by FUNER	TAN		224 PHYSICIAN'S NAME (TY	PE OR PRINT)		Λ	22e ADDRESS	1 01	1 1	OF.	9 12.17
TO HOSPITAL (retained by the TO FUNERAL I should be deto	MPORTANT:		DARSHAN	1.5.5	ALUJ	H	1600147	coyse!	700 15.	w	01011
101	, 5		URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	•110	DUNTY	Md
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STATE OF MARYLAND

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30	TOWSO	TATE OR	76. CITIZEN OF V	A.	8. MARRI WIDOW		ER MARRIED	9. BALTIMORE CI	-		MD.
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2	1.	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		18	3 9 4
3 75		CEASED NAME FIRST OR PRINT) MARS	/	MIDDLE	WA	AST L C	REG. NO 20. DATE OF DEATH		2b. HOUR
A THE STATE OF THE	3 SE		4 RACE		5 DATE O		4 AGE (IN YEARS LAST BIRT		I YEAR IF UNDER 24 HRS DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN OUNTRY) NICI	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY O	CTO,	CITY MD.
by the led with		BALTO,	CA	TON	MAN	OTHER INSTITUTION	17e USUAL OCCUPATI (TYPE OF WORK FOR MOST O		IND OF BUSINESS OR STRY
thin 24 ho	13n S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU	OR OTHER INSTITUTION	Baltime	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 521 N.	Pulaski	St.
cecuted with completely 1 and 2 shoot needed exar		ATHER'S NAME FIRST	WIDDLE	LAST	1	15. MOTHER'S MAIDEN NAV	MIDDLE		LAST
te be exec		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GP NO	RMED FORCES? VE WAR OR DATES!	N/		Eva Jenkin	s 521 N.	Pulaski	St.
w requires that the death en signed by the attendin Then please remove carbo ir to burial, cremation, or iny injury, or other traum	NOI	Conditions, if any, which gove rise to immediate couse to, stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSECU	UENCE OF	Intermed to the term		DITION GIVEN IN PA	NRT 1101
ician: The lavician. iricate has bee inficate prior mait permit. Thygiene prior m 18 shows an	CERTIFICATION	196 DATE OF OPERATION	196 COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20% IF YES, WERE F IN CERTIFYING CA YES	
itending physician. After this certificat, the burial-transit p. h and Mental Hygin marked or Item 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI UF EITHER, NOTHY MEDICAL EKAMINEI 214. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A	OF INJURY .M. MONTH I .M. OF INJURY REET, FACTORY, OFFICE	19	211 LOCATION STREET	CITY OR TOW		
hospital or att DIRECTOR: v hed for use as Dept. of Health		22a certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did n 22b SIGNATURE	ot) view the body	26-19	810	id that in (my) (our) opinion o	/	224.	m the couses stated DATE SIGNED
TO HOSPITAL regained by the TO FUNERAL should be detack with the State E		220 PHYSICIAN'S MAMERINA	SHAW.	SISAL UJ9	-UJA	M) ATTENDING D PHYSICIAN D 220 ADDRESS	MEDICAL STAI	u Balt	ine Mpi 12
BP	23e (Burial cremation, remova Burial	1 236. DATE 7/30,			emetery or crematory lvary Cem.	234 LOCATION CITY OR TOWN Baltim		
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR WM. C. March	F/H	1101 E.	Nort	h Ave.	JUL 2 9 198	75b. RESPARATS ST	GNATURE / The

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	1			STATE OF MARYLAND		
	11.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL H	IYGIENE 8	8 5 9 5
W.		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. 74		CEASED NAME FIRST	MIDDLE	LAST A CAT	20. DATE OF DEATH MONTH	14 CI 26 HOUR 14
d deed deed	2.05	COLI	4. RACE	WALLACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 15	3 SE	MALE	BLACK	MONTH DAY YEAR	7- 1	MONTHS DATS HOURS MIN.
2 (19/1)	7a B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	1TRY? 8	B BALTIMORE CITY OF COUNTY	OF DEATH
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he ter d	10 C	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY
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N 4 7 7	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OF	BEFORE ADMISSION) 13d INSIDE CITY LIMITS	? 13e. STREET ADDRESS	1-
MARYLAND ed within 24 mpletely filler and 2 should	>	MJ.	IBAL	TIMORE YES IN NO [11519 VINE	ST.
with with d 2 s	14. F	ATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN	MIDDLE	10.12
	4	CHAICLIE	B. WAI	TYCE (YES	IE STAP	WONG.
BALTIMORE, cate be executed to and complete. Pages 1 you.		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	7-7311 MEDICAL	en Wallace ABOUT BO	N SECOVIES
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T, ph		PART I. DEATH WAS CAUSE	TE CAUSE (D) ACU	THE MYOCARDIAL	IMPARCTION	ZO MINUTES
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0 0		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
0 - 000 5		underlying couse lost.	(c)			
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
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ON OF VIT	¥	OR CONTRIBUTING CAUSE OF DE		19		
PHYS ending this of the bur he bur he dar h	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	216 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PHONIC	2	AT WORK NOT WHILE AT WORK	(AT HOME, SIREET, PACTORY, C	PPICE, PARM, ETC.)		
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ATTER Sspita Scrool d for 1 of H		saw the deceased alive an above, (1) (we) (did) (did no	st) view the vody ofter depth.	19 , and that in (my) (our) opini	ion death occurred on the date and hou	r and from the causes stated
te pe		226. SONATURE	7	DEGREE	G MEDICAL STAFF _	22c. DATE SIGNED
-1 - 4 - 6 -		Exam E.	Jemana	MID. ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	7-24-81
HOSPITA Inned by FUNERA Uld be d uld be d h the Sto		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1 BAIT MARCO	-/ BALTO, 19
TO HOSPITAL TO FUNERAL Should be de with the Stote		1/12/1/5	· FRISHAI	1011 2000 V	J. BALTIMORUS S	71225
To Fas Z	23a	BURIAL CREMATION REMOVAL	23h. DATE	23c NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY DIOWN	MOUNTY STATE
190/ BP		DUITAL	1/24/8	Westview Tem.	rn Batto., 1	Id
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	11 00 / : LADE		DATE REC'D. BY REGISTRAR 25 DEGIST	RAK'S SIGNATURE
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DHMH - 16 50M 7/77 (VR A 15 (4))

6010 REISTERSTOWN RD.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR Zelda 4. RACE 3. SEX & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Caucasia MONTH DAYS **EMALE** TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND WIDOWEDFXX CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION STATE OF MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NOF 15 MOTHER'S MAIDEN NAME GOLDSTEIN RESNICK GOLDSTEIN MARY **NATHAN** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MR. STUART WALMAN BALTO., MD 7008 DEERFIELD RD. 21208 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE AT WORK 22a I certify that (1) his hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | ZZe. ADDRESS MNP ber 230 BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) BURIAL BALTIMORE MARYLANDATE 7/20/81 BNAI ISRAEL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO., MD 21215

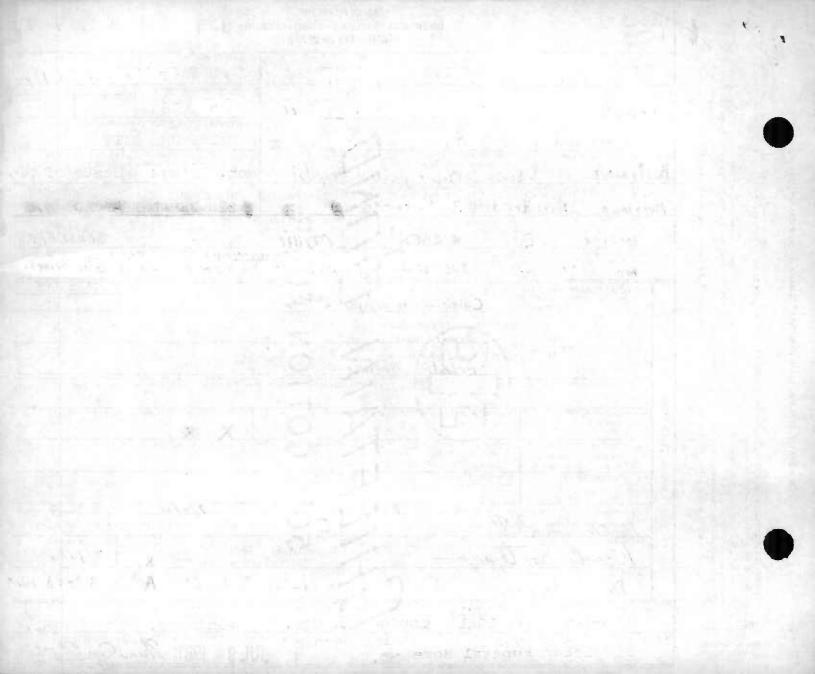
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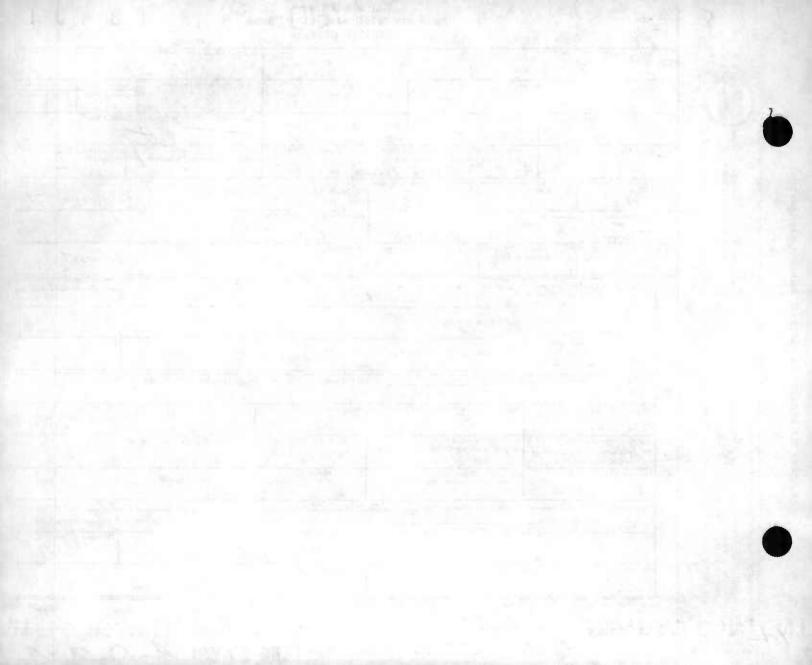
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STATE OF MARYLAND



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REGISTRAR		NER'S CERTIFICATE OF D	KEG. 140.	
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male blac	CO PHIP PA	HDAY) MONTHS DAYS HOURS MIN	PRONOUNCED DEAD	7 13 ₁₉ 81 6:45.P
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	
Baltimore	11. NAME OF HOSPITAL, NURSING HO- (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS 702 DOLPhin	ME, OR OTHER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	MU.
3 STATE 136. CG	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	SSION)	STREET ADDRESS St	
14 FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N		Robinson
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220 Certify that I took of death resulted fram: ACTUAL SIGNATURE	harge of the remains described above, held an latural causes Accident	Suicide , Homicide , U	Indetermined manner .	are 7/14/81
18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE OF STATE	Hormez R. Guard M. D.		ennStreet Balto	
230. BURIAL, CREMATION, REMOV			36 LOCATION	COUNTY STATE
DURIA L 24 FUNERAL DIRECTOR	7-17-81 CROWNS	wille VA. Cemeter	GROWN	md.
		250. DATE REC'	D. BY REGISTRAR 756 REGISTRAF	R'S SIGNATURE

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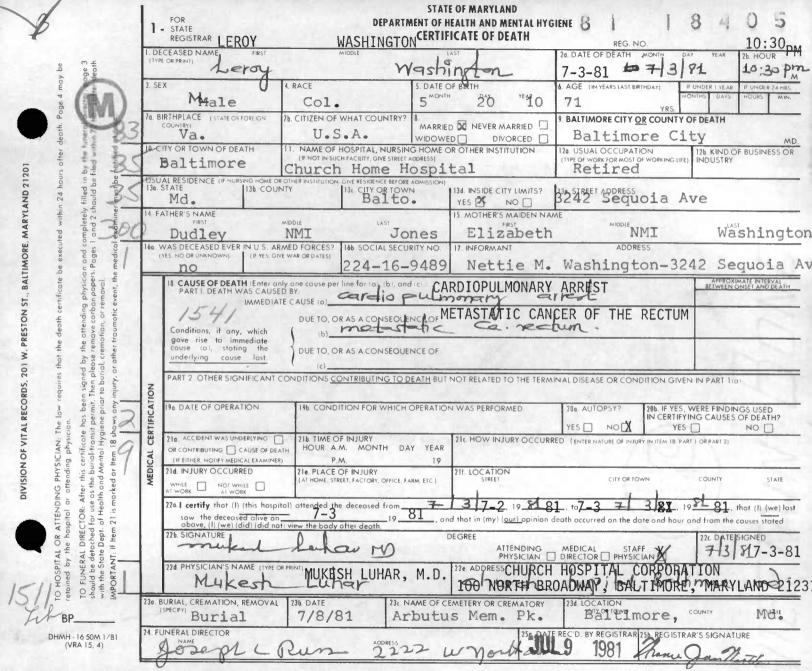
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may be page 3 er death		CEASED NAME FIRST	MIDDLE E	Washington Is DATE OF BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR OF 24 &1 /2 PM
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JIMORE be exect on and the paper in supper		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE V	PAR OR DATES) 166. SOCIAL SE	1872 Regulation	nees.	SS
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N OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
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O HOSPI Trained b O Fundi hould be the hes S	1	SHOLDON	LERMAN	Mr MODREAS	2 or Mu	d. for
20 / BP	23a t	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	7 /20/01	NAME OF CEMETERY OF CREMATORY ARBUTUS MEM. PARK	23d LOCATION	ARBUTUS MAD.
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR VM. NAME C. MARCH F		25g DATE	REC'D. BY REGISTRAR	256 PSOISTRAR'S SIGNATURE

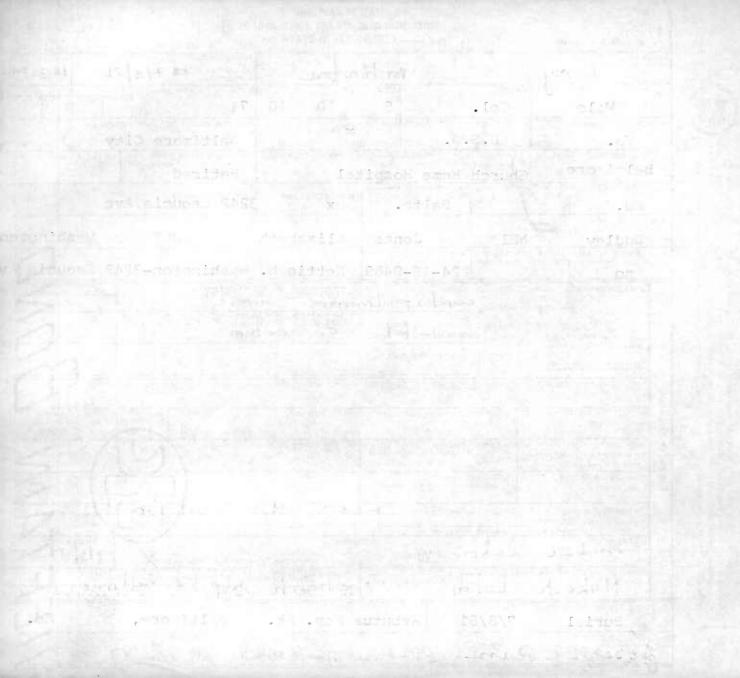
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	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
1		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
100		Klizabe	eth Washington	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
4 1	3. SE)	ennals -	Black S. Date of Birth	96 YRS HOURS MAI
2 14		RTHPLACE (STATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
1 1 33	VI	Vainia	4 WIDOWED DIVORCED	Baltimore City
# # 1//	10.CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hours of hou	USU	AL RESIDENCE (IF NURSING HOME OF OTH	LER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136, CITY OR TOWN 136, INSIDE CITY LIMITS?	HOME MAKER
fille ould	1//	13b. COUNTY	Pattmore YES NO [130 STREET ADDRESS Presbury Stre
d within	14. FA	THER'S NAME FIRST AIDD	LAST 15. MOTHER'S MAIDEN N	JAME JAHA SEQUOUSA A
2 2 -	16a. V	YAS DECEASED EVER IN U.S. ARMED	D FORCES? 116b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
on and co		(IF YES, GIVE WA	(RORDATES) 180300569 MRS NET	TIELU FIDMINISTO IS
the b		18 CAUSE OF DEATH (Enter only o	one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ev en o		PART I. DEATH WAS CAUSED BY	La	was activitient
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Sam.	2		3 SE)		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	DER 24 HRS
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E CO	siciar pers.	, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), ar	nd (c).)		APPROXIMATE IN	TERVAL ND DEATH
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	dep otte	and	н	Conditions, if ony, which gave rise to immediate	(b) Repair	of Kuntured den	ino VALSALVA.	21.42	_
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- Y	Z SY CO T S	0		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGUE A M. MONITH D	AY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART) OR PART 2)	
O Z	SIC SIC cer rent	7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION			
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٥	or or see os	E S			tal) attended the deceased from	7/20 19 81		19_8_, that (I) (we) last
	ATTEN sspital ECTOR: d for us	7	10	saw the deceased alive an abave, (I) (we) (did) (did no	1) view the body after death.	8/, and that in (my) (our) apinion	death occurred an the date and ha	ur and from the causes	stated
	OR ATT			22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNE	0/2.
		Z		///	avione	PHYSICIAN [DIRECTOR PHYSICIAN	1121	181
	etained be should be with the S	S S		22d. PHYSICIAN'S NAME (TYPE O	RRONE		Hopkins Hasp	ortal	
010	0 4 5 4 3	<u> </u>	230 6	ORIAL, CREMATION, REMOVAL	23b. DATE /2 /24/	NAME OF CEMSTERY OR CREMATORY	23d LOCATION I	sount la	175
4,	BP		24.5	YR AL	1/24/8/11	OLY NOSHICY (E)	LE REC'D. BY REGISTRAR 251, REGIS	TRAP'S SIGNATURE	10
12	DHMH- 16 30M 2/80 (VRA 15, 4)		R	ATMONS KACZ	OROWSHI ADORESS	-35//ELT JT JU	L 2 8 1981 Thank	Q. 28 7	
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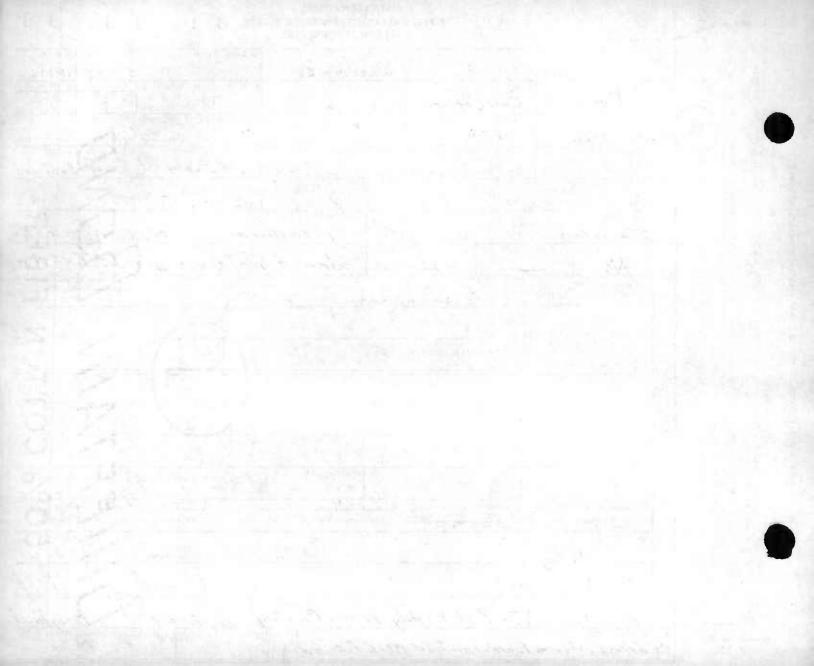
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN X (TYPE OR PRINT) EST1-George Watkins DIRECTOR. DIR FILES. IN 72 HOURS DEATH MATED 81 20 19 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE 1929 PRONOUNCED black. 81 male 10:10 DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED Baltimore City
ATION (TYPE OF WORK 12b KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 8. GIVE PAGES 1, 2, AND 3 TO THE I WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 V OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 201 Victory Parkway COUNTY ANNAPOLIS 13d. INSIDE CITY LIMITS? A.A. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 24 HOURS AFTER DEATH.
ITEM 18. GIVE PAGES 1, 2
LONG WITH FORM PM 3 MIDDLE FIRST MIDDLE LAST MCKINLEY WATKINS MARY HICKS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 201 Victor NO NO OR UNKNOWN) SUSIE ELIZABETH WATKINS Parkway, Anna.Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINEE: INIS CENTIFICATION OF THE WORD "PENDING" IN PENCIL IN THE EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THEN AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNDED BE VED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 🗌 YEAR pinned to dump truck frame when truck body released 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR TO MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 7/20 21e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 201VictorParkway, Annapolis, AnneArundelCo.MD street 220. I certify that I taak charge of the remains described above, held on Inspection and in my opinion Homicide Undetermined monner Natural couse TITLE (SPECIFY) ACTUAL DATE 7/21/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street Baltimore MD 21201 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE BURTAL OWENSVILLE A.A. 7-24-1981 CHEWS CHURCH CEME. BP 250 DATE REC'D. BY REGISTRAR 25 GISTRADES SIGNATURE 24 FUNERAL DIRECTOR Annapolis, Md. **DHMH-17** SONS MORPBARY. P.A. (VR A15 ME (5)) 15M 2/80

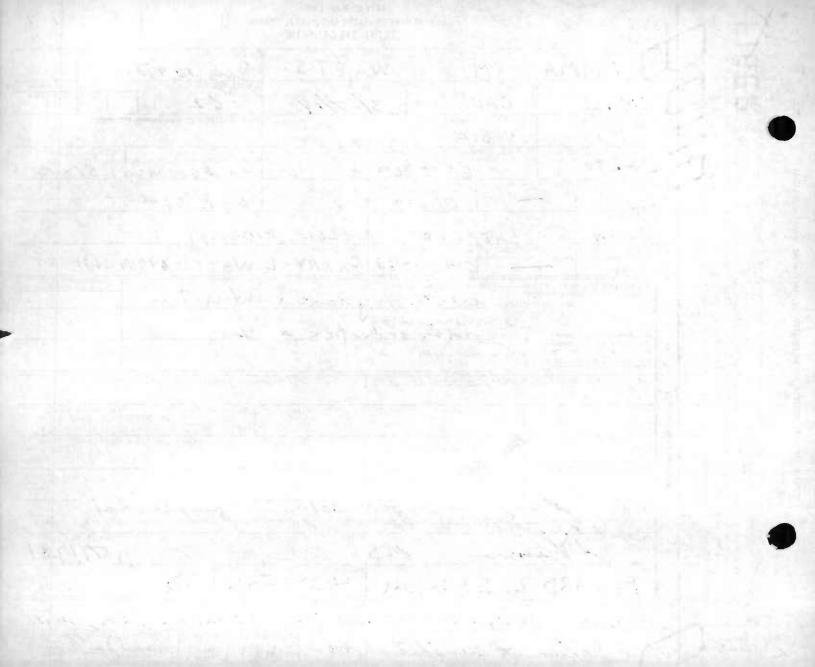
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	3. SE		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER		IF UNDER 24 HRS
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othe		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	UENCE OF						
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		saw the deceased olive o	on 1-5 19.	e, ond that in (my)	(our) opinion	death occurred on the d	ote and hou	r ond Ir	om the c	auses stated
		226. SIGNATURE	Not view the body direct dediti.	DEGREE				220	. DATE S	IGNED
		(eun)			ATTENDING PHYSICIAN [MEDICAL STA			7.	-1-8
		228. PHYSICIAN'S NAME (1)	OR PRINT)	22e. ADDRES	is e	(10 11		-	7	11
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

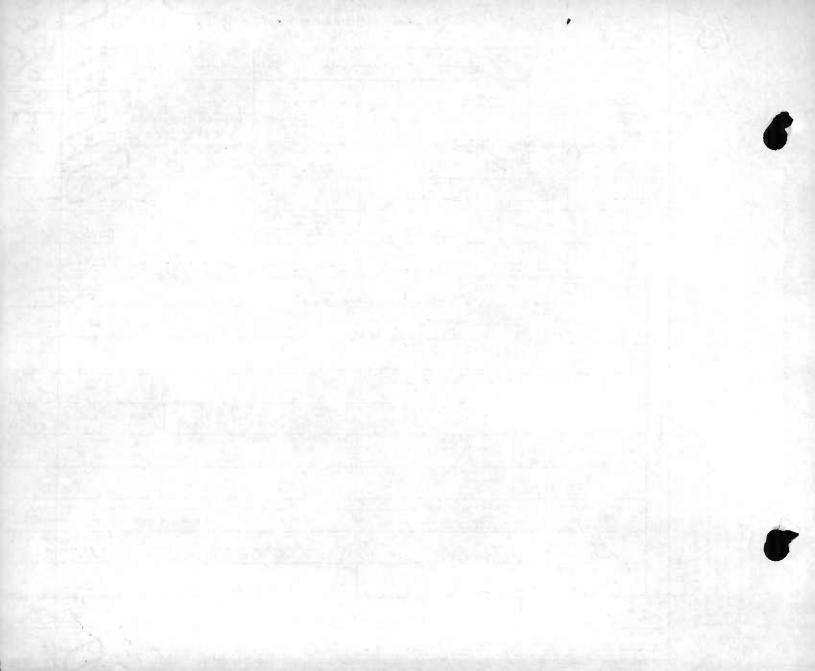


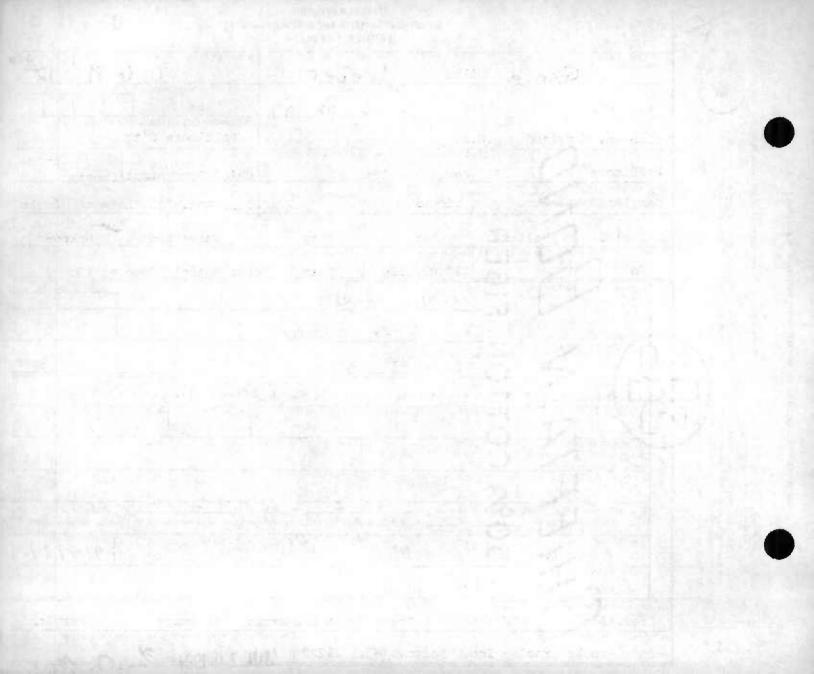
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ND 2121	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOW	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	6 DL ST
MARYLAND red within 24 ond 2 should examiner my	14 FA	THER'S NAME FIRST JOHN	MIDDLE LAST	15 MOTHER'S MAIDEN NA	IDGFLEY	LAST
BALTIMORE, A cote be execute ysicion and cor ppers. Pages 1, vol. tr, the medical e		AS DECEASED EVER IN U.S. AR.			ADDRES	619W3ith ST
8D5, 301 W. PRESTON ST., BAU equires that the death certificate is signed by the attending physici. Then please remove carbon paper to buriof, cremation, or removal, injury, or other traumatic event, the	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	adratic C.A.	Dis:	DITION GIVEN IN PART 1(o)
L RECOIL	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The operation of the operation o		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR		
UG PHYS offending ther this cast he burn hond Me riked or it	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
DR ATTENDITOR PROSPITED OF PROS		22a.1 certify that (1) (the haspit	tol) ottended the deceased from 19 19 11 view he body after deoth.	DEGREE ATTENDING	deoth occurred on the do	te and hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL Eshould be deto with the Store EMPORTANT: If		EDWARD		1AN 220 ADDRESS 407 F	TALLS RZ)
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	24. FL	NERAL DIRECTOR	ADDRESS /	attitude /		St. ROSISTRAR'S SIGNALLINI



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(VR A 15 (4))





STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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350	1	ANTHONY	WELLO	19 Blanche (WELLON			
edico	160	WAS DECEASED EVER N U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		ADDRI	. Payson St.			
d a	H				10113 010 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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5		saw the deceased alive or	ot) view the body ofter death.	, and that in (my) (our) opinio	in death occurred on the d	ote and hour and from the causes stated			
-		226. SIGNATURE	- 1 -22	DEGREE		22t. DATE SIGNED			
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37	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	Dr. 11 (-5-12)	1			
g l		CHRISTIA	~ CHINNUG	A MO PROVI	DENTR	Trespose			
3	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) BUTTA	L 236. DATE 236	NAME OF CEMETERY OF CREMATORY	23d. LOCATION				
		(SPECIFY) Burial	7-4-81	n. Auburn cem.	BAITO.,	MD STATES			
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20 00 8 F	1. DECEASED NAME FIRST MIDDLE LAST 2a. DATE KNOWN MONTH OF ESTI- OF ESTI-									YEAR 1981	2b HOUR	
S NECESSARY PLEASE EUNERAL DIRECTOR. S. F.OR. YOUR FILES. M. PRESCON STREET, W. PRESCON STREET,	7a. B	4. RACE 1. A. RAC	DATE OF BIRTH MONTH DAY 11-22-5 CITIZEN OF WH		S IF UNI	DER 1 YR. IF UNDER	PRONOUNCED DEAD 9. BALTIMORE	_	22 NTY OF D	YEAR 198	2d. HOUR 12:30 p.m	
RE, MD. 21201 EATH. IF ANY DELAY IS NECESTAL. JE AND 310 THE BUND 2 SHOULD BE FILED. WITHIN RECEORDS, 20 W/P	10. C	Baltimore City	M. V. BI	PITAL, NURSING HOME, (ALITY, GIVE STREET ADDRESS)	chowi	R INSTITUTION	ED Baltim 120 USUAL OCCUPATION FOR MOST OF WORKING LE Seamon	IFE	12b KIN	M. V. Bronislau		
F ANY E RETAIN REFORM	130 %	AL RESIDENCE (IF IN NURSINGHOME OR O TAJE Land	THER INSTITUTION, GIV				130 STREET ADDRESS S.E. Jozela #62			Lachowicz		
DEATH. DEATH. SES 1, 2 SES 1, 2 AND 2 AND 2	D	Leon Wenta	AIDDLE	LAST		15 MOTHER'S MAIDE	WIDDLE			AST		
BALTIMORE, MD. 21201 SS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND STITH FORM PM 3. RETA PAGES I AND 2 SHOUL INVISION ONVITAL RECOIL	160. \	WAS DECEASED EVER IN U.S. ARMED res, no, or unknown) (14 Yes, give war	O FORCES?	None	NO.	apt. Z.	huchla-M.V.B	poress pronisto	w La	chow	icz	
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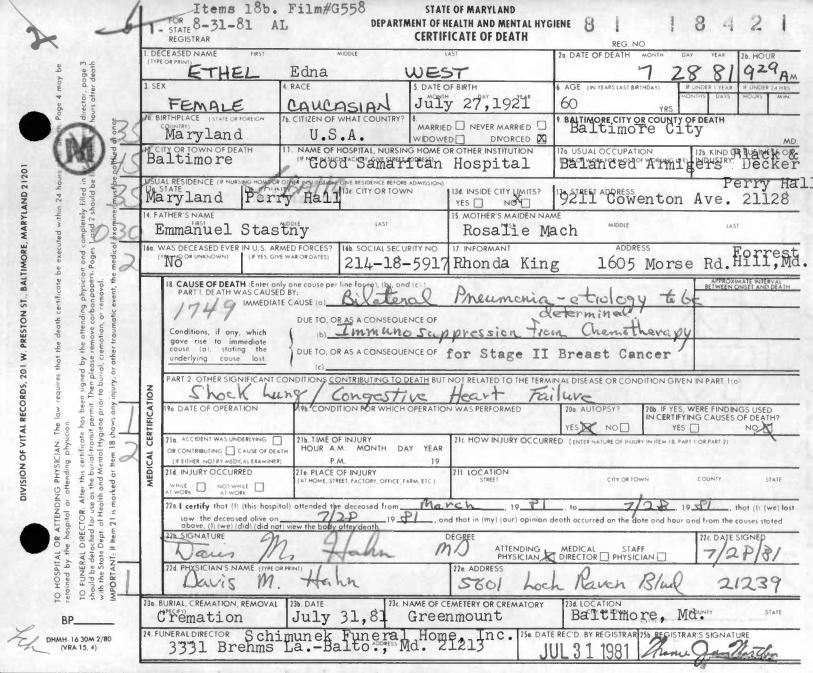
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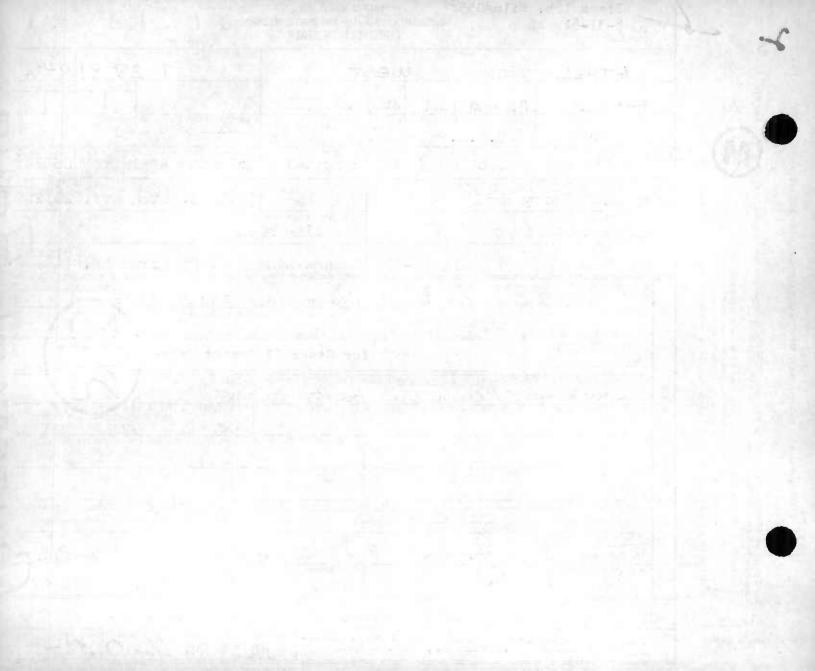
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-0. Clarence DEATH MATED West 15 1981 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 5:42 P.M DATE YEAR LAST BIRTHDAY) PRONOUNCED Male White Sep. 20 1913 67YRS 15 DEAD 1981 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY N.C. U.S.A. DIVORCED Baltimore City OF CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Master Carpenter Baltimore Good Samaritan Hospital WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt.. md. 21214 136. COUNTY 13d. INSIDE CITY LIMITS? 6619 Marietta Avenue Baltimore Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME URS AFTER DEATH

8. GIVE PAGES I
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DIVISION OF VITA MIDDLE MIDDLE M. Fannie Henry West Reaves 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Virginia Beach Va Daughter: LYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 243-07-7403 Edna W. Floyd 3769 Starlighter Drive No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL IMMEDIATE CAUSE (O) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E.WARDED TO THE C. ... R.WARDED TO THE C. ... R. PAGE 3 SHOULD BE USED A. E. STATE DEPARTMENT OF HEAT OF PROPERTOR TO BURIAL, C. ... 1201 PRIOR TO BURIAL, C. ... 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX X 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 210 PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND. 2 XX 22a. I certify that I took charge of the remains described above, held an Inspection Autopsy Inquiry and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant 7-16-81 SIGNATURE EXAMINER'S NAME III Penn Street Virginia L Dolan, M.D. (TYPE OR PRINT) 30 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Norfolk" Woodlawn Cemetery Burial Jul 18 1981 Virginia 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256-APGISTRAL SIGNAL **DHMH-17** Baltimore, Maryland Leonard J. Ruck. Inc. (VR A15 ME (5) 15M2/80

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1101 E. North Ave. JUL 2 3 198

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TYPE OR PRINTS

REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH-16-30M 7/80

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2h HOUR 1208 8 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 7.70 W. Saratoga St. Jordan

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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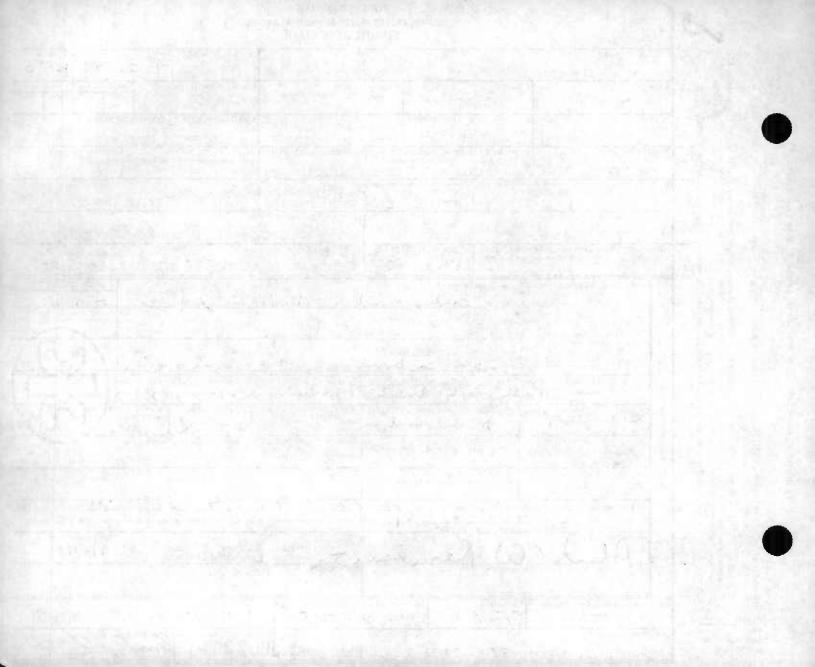
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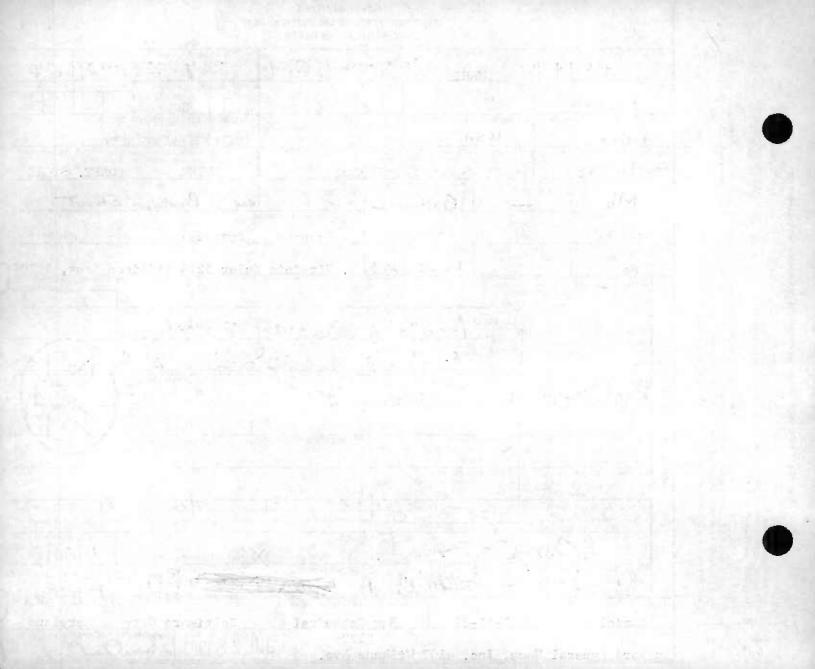
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22c. DATE SIGNED 7/21/81



4	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 4 CERTIFICATE OF DEATH REG. NO.
an Paraga	1 DECEASED NAME FIR	MARIE WETTEN GEL 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR JULY 20,1981 2PM
1	remale	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 80 YRS.
	70 BIRTHPLACE (STATE OR FOREK COUNTRY) AUSTRIA 10 CITY OR TOWN OF DEATH	ON 1/2 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED STORE CITY OR COUNTY OF DEATH WSA WIDOWED DIVORCED STORE CITY MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1/20 USUAL OCCUPATION 1/26 KIND OF BUSINESS OR
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STATE OF MARYLAND

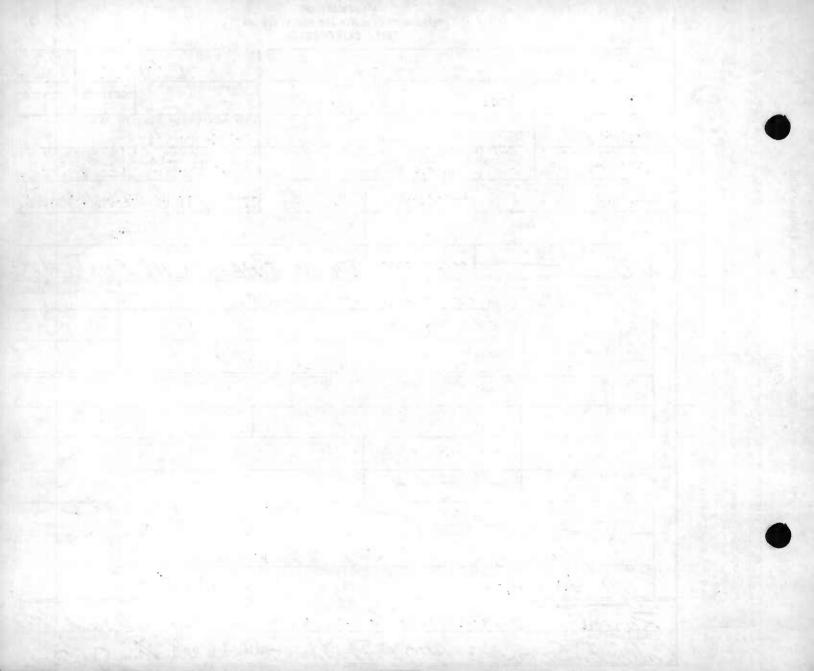


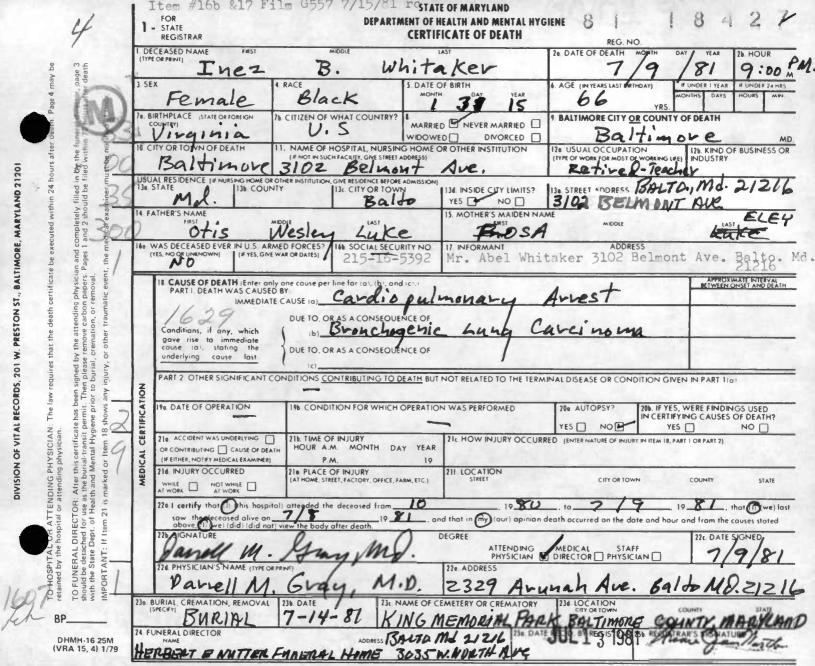
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH MIDDLE 1. DECEASED NAME TYPE OF PRINTIPES Wheeler Anna 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY Y599. Female White 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Union Memorial Hospital Waitress Food INSULAT RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Maryland Baltimore 2825 Miles Ave. Balto. 21211 YES NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Thomas Wehn Butcher Marv ADDRESS 21211 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto. 219-16-7528 2825 Miles Ave No Joseph F. Deems APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).) PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o swooble Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A GONSEQUENCE C underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a I certify that (1) John's haspital) attended the deceased from ond that in/my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 27b. SIGNATURE ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN THE PHYSICIANDS NAME (TYPE OR PROVIS 22e. ADDRESS 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN STATE Burial Meadowridge Mem. Park Balto. Howard Md. BEREOUSTRAR 256 REGISTRARS S GNATUR 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Alan Seitz, Jr. Funeral Home 3818 Roland Ave (VRA 15, 4)

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STATE OF MARYLAND

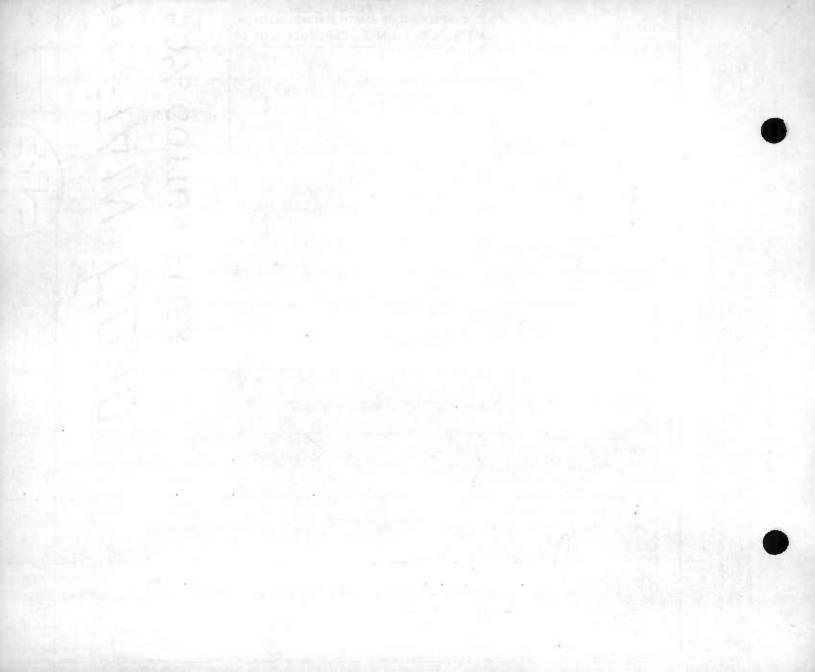




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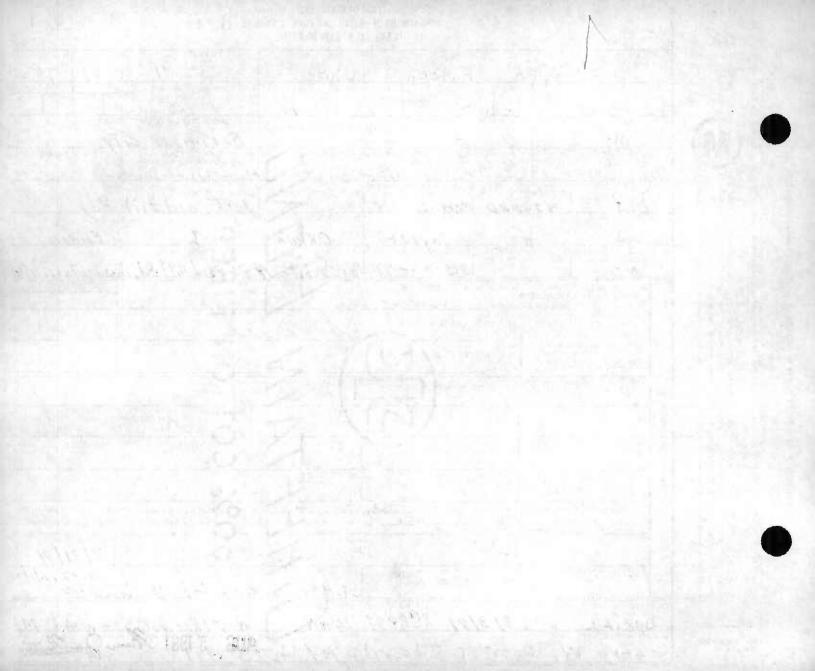
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-R. DENNIS WHITE 81 16 DEATH MATED 19 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 1:40 54 PRONOUNCED 10 19 81 16 DEAD male negro PM 5 FOR YI To. BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED INEVER MARRIED USA MD Baltimore City DIVORCED WIDOWED _ 3 ENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT THE FINAMEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 AS A BURAL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, ALTH AND MENTAL HYGIENE, DIVISION OF VITAR RECORDS, 201 W. CREMATION, OR REMOVAL. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Baltimore MD 831 N. Washington St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert White Roberta Lipscomb 160 WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17 INFORMANT ADDRESS 213-64-7077 No Robert White 831 N. Washington St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stab wound to chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ICATE, WRITING THE WORD "FE FORWARDED TO THE CHIEF M TOR: PACE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7-16- to 81 Subject stabbed. 0:30 M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PR STREET FACTORY FARM, ETC. WHILE AT WORK Md. Eager St. Balto. 2200 E. 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Hamicide X death resulted fram Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 7-17-81 Assistant MEDICAL EXAMINER 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/23/81 Baltimore Cemetery Baltimore MD PEC'D BY REGISTRAR 25Y AGGISTRAN SSIGNATORE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) C. March F/H 1101 E. North Ave. 15M 2/80 CHO DODOUGO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN K (TYPE OR PRINT) ESTI-PAUL WHITE DEATH MATED 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2 146 IF UNDER 24 HRS DATE PRONOUNCED male black DEAD PM BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City MD USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Salearno Place Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY HMITS? 13e STREET ADDRESS 2510 Salearno Place Baltimore YEST NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James White Mamie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Bennie Myrick 633 N. Aisquith St. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hemoptysis IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of lung gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YESXX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING PM 21e PLACE OF INJURY JATHOME. 21 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE YO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion deoth resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE-6-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell. M.D. 111 Penn Street (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/9/81 Calvary Cem. Baltimore MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LAW REGISTRAR'S SIGNATURE DHMH-17 Wm. C. March F/H 1101 E. North Ave. VR A15 ME (51) 15M-2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME 20. DATE KNOWN COPPE CHARRACT WILLIAM WICH 81 George DEATH MATED 4. RACE 5EX 5 DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE HOUR :32 LAST BIRTHDAY) MONTH -PRONOLINCED 81 white DEAD male D TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S. A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Ship buil Carpenter Baltimore Cooksie AND 2 SHOULD BE OF VITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Bal timore 136 COUNTY 13d. INSIDE CITY LIMITS? 131 STREELADDRESS COOKSIE YES X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE ALIDDIE Wich Anna George Price 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION ATION, OR REMOVAL 203-05-8576 George Wich 3001 Shannon Drive 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION Cirrhosis of liver 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 3 SHOULD BE UDEPARTMENT OF 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME TIF. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE AT WORK COUNTY NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Natural causes X death resulted from TITLE (SPECIFY) DATE 7-10-81 Assistant 111 Penn St. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DAJE 7/13/81 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Glen Burnie A. A. Co. Md. Glen Haven Mem. Pk. George J GonceF. Hyporess 4001 Ritchie Hwy. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Balto., Md. 21225 VR A15 ME (5) 15M2/80

STATE OF MARYLAND

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REGISTRAR

APT. A 7238 PARK HTS. AVE. #21208 BALTO., MD 21208 7 1115 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that is (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 201 E UNIVERSITY PARK WAY BALTIMORE COUNTYMARYLAND BURIAL 7/9/81 BETH TFILOH 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256_REGISTRAR'S SIGNATURE BALTO., MD 21215 6010 REISTERSTOWN RD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

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ge 4 mo.	3. SE	Female.	4 RACE White	S DATE OF BIRTH MONTH DAY YEAR TISIA 18. 1893	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
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TENDIN TOR Affor use of Health		saw the deceased alive an	attended the deceased fram.	7 , and that in (my) (pur) opinion	death occurred on the date of	21, 1981, that (1) (may last and hour and from the couses stated
PITAL OR A De the hospital Director De detached State Dept. ANT: If hem		22b. SIGNATURE	Me ine body arter dearn.		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7/23/81
TO FUNE should be with the S		Carl S. F	r jed man	M.D. 660 Kenile	with Dr. To	wson Md. 21204
14 1 BP	230.	BURIAL CREMATION, REMOVAL	236. DATE 236.	NAME OF CEMETERY OR CREMATORY	LOCATION CITY OR TOWN	MODERNO THE
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Balto., Md. 21229

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH

25a. DATE REC'D. BY REGISTRAR 25b. REG 5

REG. NO

2b HOUR

8

IF UNDER I YEAR

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V:30 M

22c. DATE SIGNED

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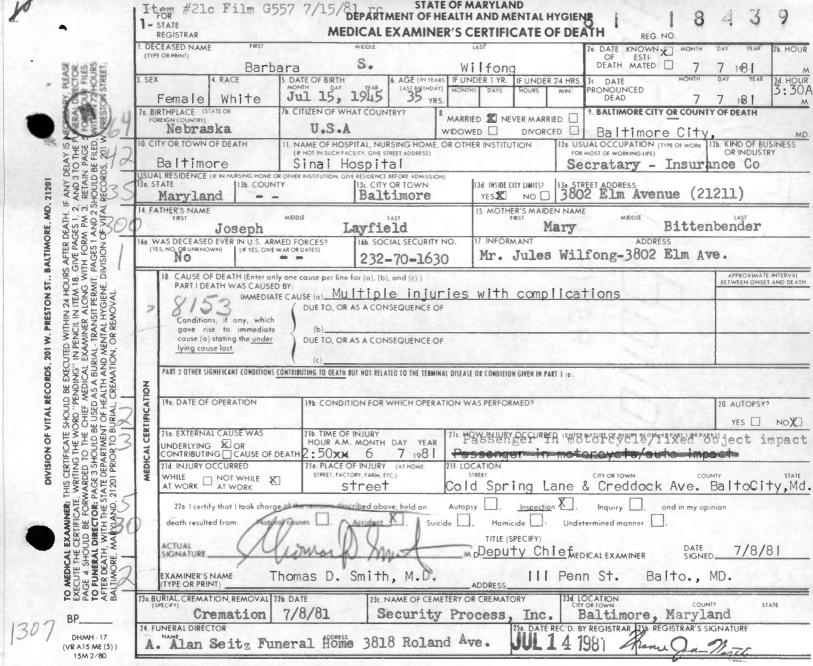
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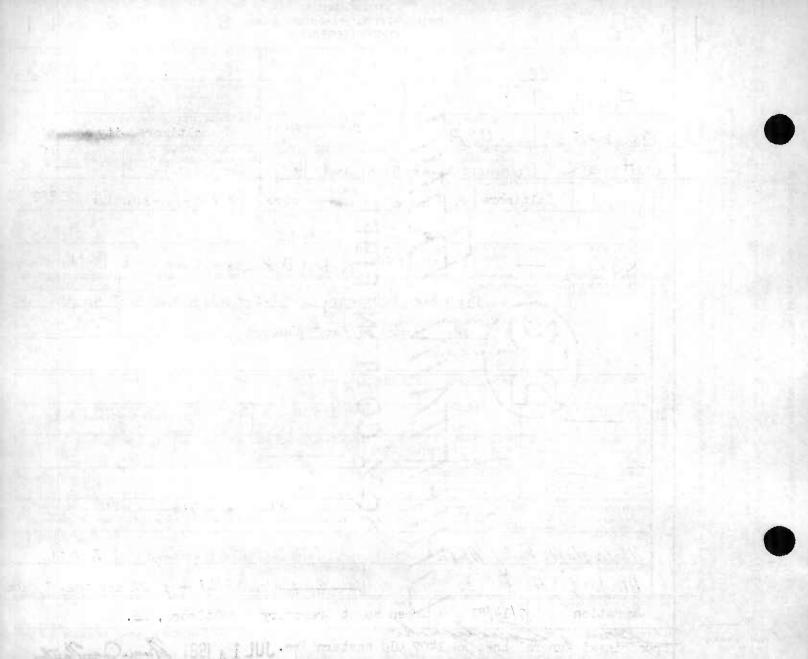
文	1	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	18440
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death. Page 4	Ja B	MALE WHITE DOV 20 1966 14 YRS SIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PALITIMORE CITY OR COUNTRY! HEVERLY MD & USA WIDOWED DIVORCED BALTIMORE CITY	NTY OF DEATH
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be executor and selected and selected s		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Tree on
RECORDS, 201 W. PRESTON ST., BAI. I. I	TION	PART I. DEATH (Enter only one cause per line for (a), (b), and (cl.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CALLO PEDITATORY ATTENT Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION CONTRIBUT	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH JED SOLUTION GIVEN IN PART 1(a)
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HOSPITAL OR ATTENDI ined by the hospital or frue FLUERAL DIRECTOR. A void be detached for use h the State Dept. of Heal		220. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (1) (we) (did) (did nat) view the vody after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN AD DOWN HOUSE ADDRESS VI CTOR M SANTANA MD TOWN Hopfors Hopfors	19 J., that (1) (we) last hour and fram the causes stated 224. DATE SIGNED July 6 3
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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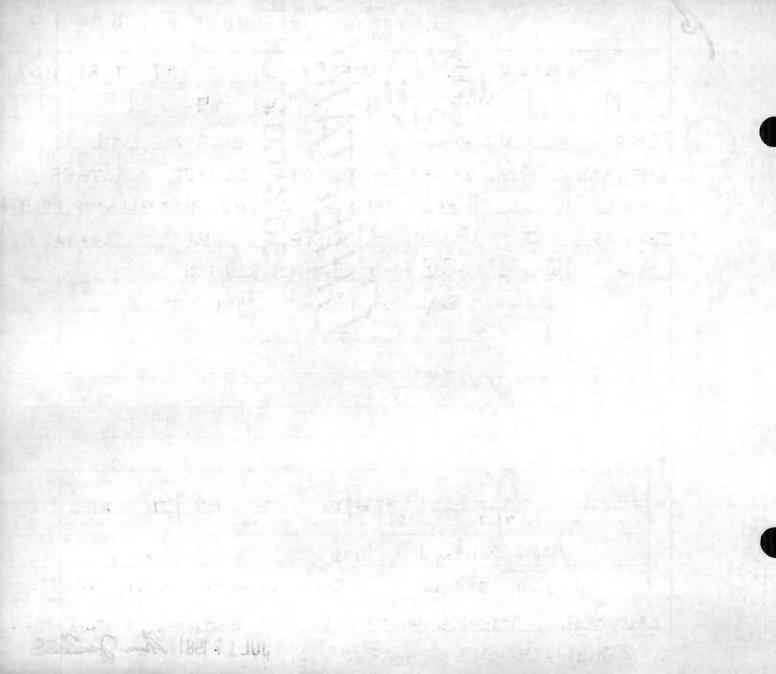
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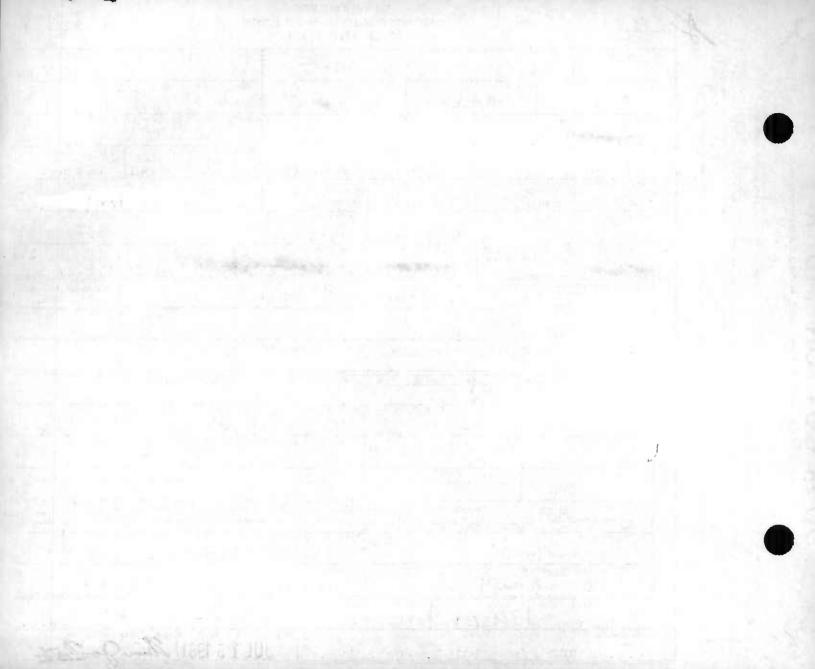
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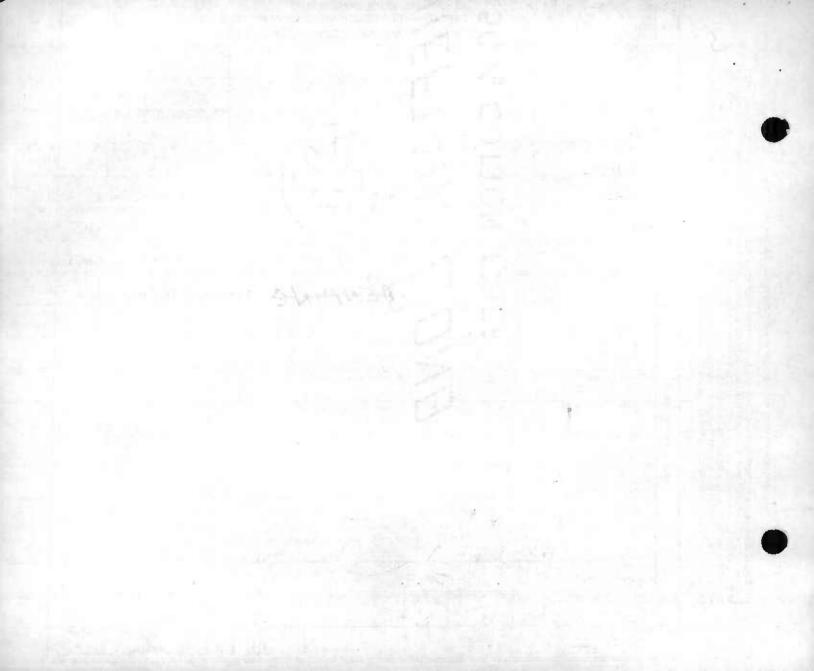
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TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. LONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. PRERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN THE PREMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN THE PAGES 1 AND 2 SHOULD BE FILED.		nale	black	5. DATE OF BIRTH MONTH DAY 8 11 76. CITIZEN OF WI	YEAR 6.	14 YRS.	FUNDER 1 YR	HOURS	MIN PRO	DATE DNOUNCED DE AD BALTIMORE CITY		-81	12945 a _M
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRRITIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		220 I certify the death resulted from		af the remains des	Accident C	held an	TITLE	Inspection Inspec	Undeterm	Inquiry , ined manner	DATE	7-3-81	
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0895BP_	(URIAL, CREMATION SPECIFY) BUR UNERAL DIRECTOR	RIAL 236	7/7/81	MD 23c. NA	ME OF CEMETE VET	CEM.	7-7-7		TION VNSVILL GISTRAR [256 RF		M	D.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME	CH F/H	ADDRESS	E. NOI	RTH AV	Ε.	JUL		381	it y	Cherry	

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s offer o	3. SE	MALE	* PACK	S. DATE OF	BIRTH DAY 14 36	6. AGE (IN YEARS LAST B)	YRS IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
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thed for use lept, of Heol Item 21 is m		22a.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE 4	- 0117	9 81 , one	that in (my) (our) opinion of	death occurred on the d	. 19_		
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0M 2/80 5, 4)	24 F	UNERAL DIRECTOR NAME W.C. MARCH	F/H 1101 E.	NORTH		E REC'D. BY REGISTRAF UL 1 5 1981	France	SSIGNATU	Marthan .



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	24 HOURS AFTER DEATH. IF ANY DELAY IS ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE LONG WITH FORM PM. 3. RETAIN PAGE PERMIT. PAGES 1/AND 2 SHOULD BE FILED GIENE, DIVISION ©E/LITAL RECORDS, 201 WAL.	F	18 CAUSE OF	DEATH (Enter or	nly ane cause per line	for (o), (b), ond (c).)	7	1						ATE INTERVAL SET AND DEATH	
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	UNE A S INVOICE	2	EXAMINER'S	NAME .	Ann M. Dix	on.	M.D.			111	Penn St					
1501	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	230 P	(TYPE OR PRIN	ION, REMOVAL			NAME OF CEA		ADDRESS		23d LOCATION					
1301	BP	(Buria		/14/81		t. Au			- 1	Balti	more,	Mar	yland	STATE	
Jet	DHMH - 17	24 F	UNERAL DIREC		ADDRESS		L. AU	7,111	250	DATE REC	D. BY REGIST	RAR 25b. REG				
	(VR A15 ME (5))	Wm	. C. M	March F	.H./1101	E.	North	Ave		JU	L1319	181 M	anu (Jan Mai	76	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR WILLIAMS EDWARD 16 81 1 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR NEGRO MALE 09 07 25 BIRTHPLACE LATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARYLAND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR AL HUSPIFAL OF Baltimore OF WORKING LIFE) INDUSTRY UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS HAY ward Ave 3818 Balhuore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE JAMES WILLIAMS LAST BERTHA MEEKS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YEM) OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-07-7599 WILLIE MAE WILLIAMS 3818 HAYWOOD AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic is PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the ANCREATIC CARCINOMA -METASTATIC underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

2 to HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN Wacks M.D. Sinal 231. NAME OF CEMET BY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

E.L. PHILLIPS FUN. HOME

BURIAL

24 FUNERAL DIRECTOR

1737 N. MONROE ST.

JUL 2 3 1981

BALTIMORE

MARY LAND GISTRAD SIGNATURE

31 100 1 Ballerine arms a heart of STREET HOSE IN LINE OF BUILDING A CALERON HIMOSOCZONO LATING ROMAN -१-१ होर्गार्थ । about the same

STATE OF MARYLAND

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6	7	,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8	8 4 5 3
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			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	YEAR 2b. HOUR
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20	p b	3. SE>		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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9	(報用)	Ja. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
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	d we	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
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ORE	Poges		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			2012 Dimeheria
N 1	18. P. O. D.		No		4476 Walter C.	Williams, Sr.	3813 Birchvie
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	pital pital TOR: for us		saw the decembed give of obote, (I) we I did I did to	off view the body after death.	, and that is (my) jour) apinion	death occurred on the date and hou	r and from the causes stated
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	AL D AL D deto deto Ti. If		/	John Bl	MA ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	
	red by the FrunERAL old be det on the State		224. PHYSICIAN'S NAME TYPE	Olympi) O 1. MA	1 22e. ADDRESS	CT POULD G	#144
	eroned by the TO FUNERAL should be detrement with the State		STUDIST	13/8cm /1	1 3501	21 1000 70	0, 0,
2743	D	23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY . STATE
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DH	MH-16 30M 2/80		JNERAL DIRECTOR	MDDRFSS	1.000	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	(VRA 15, 4)	La	assähn Funer	al Home 7401	Belair Road	L 1 5 1981 France	0.2

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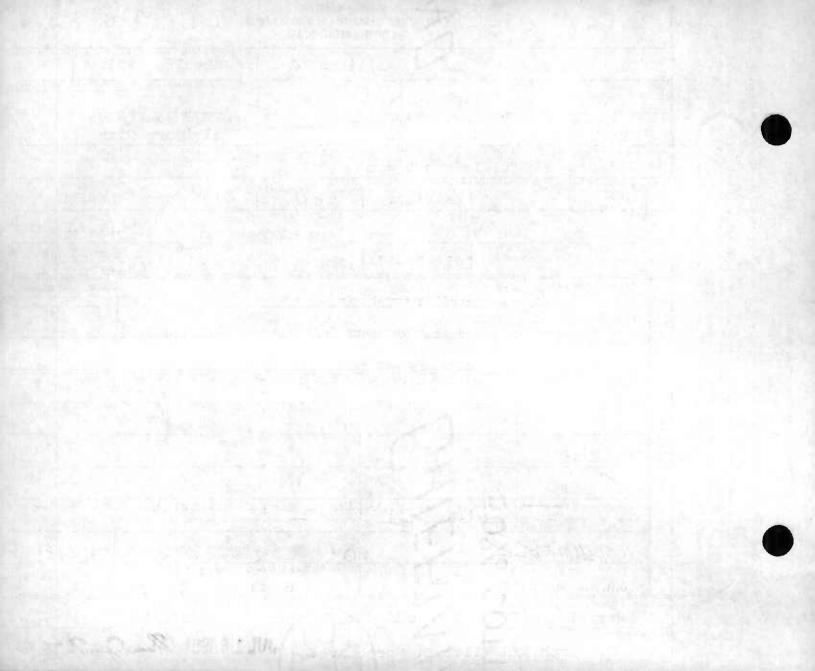
Wm. C. March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 251 PAGISTRAR'S SIGNA

REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE KNOWN 1. DECEASED NAME FIRST 26 HOUR (TYPE OR PRINT) OF ESTI-TOWANDA LEE 7-19-81 WILLIAMS DEATH MATED 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 40024 IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY female black PRONOUNCED 6 4 81 7-19-81. a M DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City MD USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Baltimore 2315 E. Madison St. YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Williams Jr. Sharon Boyd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No N/A 2315 E. Madison St Sharon Boyd 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PREMOFILE HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL Budden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION INER: THIS CERN.:
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FORWARDED TO THE CHIEF ME
FORWARDED TO THE CHIEF ME
TONE, PAGE 3 SHOULD BE USED AS
THE STATE DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Autapsy XX 22a I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNATURE -20-81 MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell M.D. Penn Street **ADDRESS** 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Baltimore Burial MD Baltimore Cem 24. FUNERAL DIRECTOR DHMH-17 TTÖ1 E. North Ave. C. March F/H (VR A15 ME (5) 15M 2/80

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MPORTANT: If Hem 21 is morked or Item 18 shows

Joseph

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

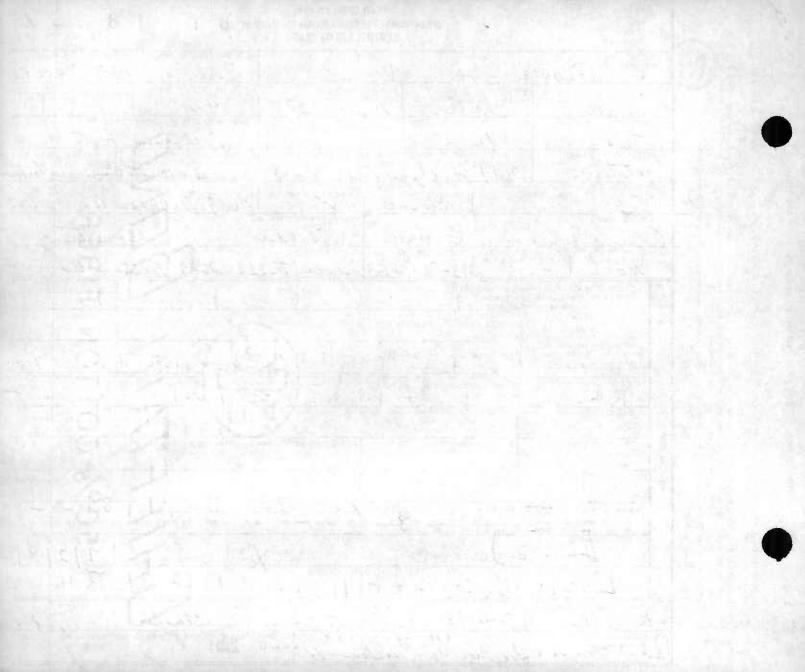
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		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONT	RIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	a
	CERTIFICATION									
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	TIFIC						YES TI NOT	YES	ring causes	NO T
	GR	21a ACCIDENT WAS UNDERLYING	216. TIME OF IN		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18: PA	ART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA	in .	MONTH DAY	YEAR					
	MEDICAL	214 INJURY OCCURRED	21e, PLACE OF	NJURY	211. LOCATIO	N				
	ME	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARM E	TC) STREET		CITY OR TO	NN	COUNTY	STATE
		220. certify that (I) (this haspi	tal) attended the de	second from	S. Zwn	10 81	: - JULY	10	081	About the formation
	-	saw the deceased alive an		0 19 81		our) opinion o	leath accurred on the de			that (I) (we) last
		27h SIGNATURE	I view the body atte	r death.	DEGREE				22c DATE	
		Buch	-1-		A CTO A	TENDING _	MEDICAL STAF	F	-	
	0	22d, PHYSICIAN'S NAME (TY	1000			HYSICIAN [DIRECTOR PHYSIC	IANO	7.1	0.81
		220, PHISICIAN S NAME (IV)	-		22e ADDRESS	_				1
		Cours	-000	NON	447	OZZZ	NEST. U	としていい	SITY	tospræl
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAMI	OF CEMETERY OR C	REMATORY	23d, LOCATION	10.00	COUNTY	STATE
		Burial	7/14	/81 Arbu	itus Mem.	Pk.	Balto.		200111	Md.
	24 FL	JNERAL DIRECTOR					REC'D. BY REGISTRAR	25b REGISTR	AR'S SIGNAT	

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7	_	1.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 REG. NO.	8 4 5 1
	(10.75		CEASED NAME FIRST	MIDDLE	1AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	9 25	1	GLORI.	A H. W	145	Lule 1.	1981 4:00 AM
	OE OF	1. SE		A-RACE 5. DATE	OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	ge 4	6	lomale	Ti hite 11.	21-1938	42 YRS	MONTHS DAYS HOURS MIN.
	P . 00		BAMELACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARR	ED B NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
	deor		hel	4. S.A. WIDOW	VED DIVORCED	Saltenno	· tiete, MD.
	fter the f d with	1/4	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCHE WILLTY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USDAL OCCUPATION () YPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
201	ors o		Elemene	2689 Wilhous /	Inc. 21223	Trackine oferato	reproclay tacking
1021	24 ho	136	STATE 136 COUN	ITY DE TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	
IAN I	을 가는	III.E	ATHER'S NAME	Dillemone	YES NO 15. MOTHER'S MAIDEN NA	des 9 Wilher	es une. 2122
IARY	d with	1	DO FIRST O DE	A LAST	Syst O. O.	MIDDLE	0 14
R. N	5 0		VAS DECEASED DYTHINGS. AR	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	mislion
WO	ond ond Pages	(YES NO OR UNKNOW! (IF YES, GIV	E WAR OR DATES) 113 - 36 - 2010:	Lewis Wi	10 2689 Tul	Long ave - 21223
ALTI	sicion pers.		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).)	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	phy n po mov		PART I. DEATH WAS CAUSE	ECAUSE(0) Acte m.	your dial	interestion	1 ho-
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201 /	ed by please rrial, cr			(c) A periose	10 mit Ca	-01100.81-101	4136.76 123.
	signe hen p to bu	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BU		1 1	PEN IN PART 110
RECORDS,	been mit. I	ATK	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		S, WERE FINDINGS USED
	hos hos	CERTIFICATION					FYING CAUSES OF DEATH?
DIVISION OF VITAL	Physicial physic	E.	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO	PART T OR PART 2)
90	SICIA ng pl certifi certifi tentol	ICAL	OR CONTRIBUTING CAUSE OF DEA	in a second seco			
Sion	Physical Phy	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
DIVI	NG rath os the orker orker	-	AT WORK AT WORK		1, 7	4 + 1	0-1
	7		220.1 certify that (1) (this hospit saw the deceased alive an	al) ottended the deceased from	. 17	. to	19 0 1, that (1) (we) lost
			abave, (I) (yes) (did) (did)	view the body after death.	DEGREE	death accurred on the date and hou	22c. DATE SIGNED
	O = 0 0 0 #		Jones	2 himms	ATTENDING \$	MEDICAL STAFF	7/1/8/
New York	HOSPITAL ned by the FUNERAL uld be der the Stote ORTANT:	18	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	113101
			Louis	E. Grenzer	1101N	. Cilvet ST	t. 13. 1t.,
20	Sho Charles of Short	23a.	SUBJAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d LOCATION	
300	BP	-	Vineal	7-4-1981 Jut 6	livet team.	Callenge	COUNTY STATE
YUU.	DHMH-16 30M 2/80	247	INERAL DIRECTOR	1 (Jalita ind)	-1273 250. DA	TE REC'D BY REGISTRANT TE REGIST	IRAR'S SIGNATURE
	(VRA 15, 4)	1/4	unt. Orwand	Now Mr. Uni Hal	wa ls.	THE T	



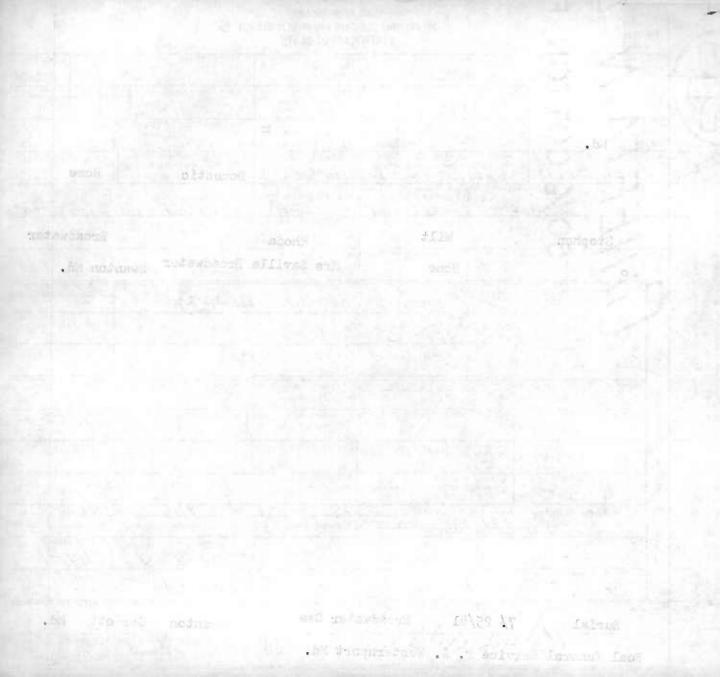
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fundational should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 8	3 4 5	9
		CEASED NAME FLOK	ENCE	NMI		JILT	2a DATE OF DEATH	7 19	81 11 11 11 11 11 11 11 11 11 11 11 11 1	OUR OF ACTION
)	3. SE	FEMALE	4 RACE	WHITE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U		DER 24 HRS S MIN
35		SIRTHPLACE (STATE OR FOI COUNTRY) Md.	REIGN 76 CITIZ	en of what country	? 8 MARRIEI WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY O	R COUNTY OF	DEATH Y	MD.
38	1	BALT. CIT	TY (IF NO	ME OF HOSPITAL, NURSI OF IN SUCH FACILITY, GIVE STREE JULY	TADDRESS!	HOSP	120 USUAL OCCUPATION OF OF WORK FOR MOST CO		12b. KIND OF BUSI NDUSTRY Home	NESS OR
35	13a	STATE MD	SHOW OR OTHER INS	131. CITY OR TOV		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	FIELD	STATE	408)
10		ATHER'S NAME FIRST Stepher		Wilt		15. MOTHER'S MAIDEN NAME FIRST Rhoda	WIDDIE		Broadwa	ter
medico		WAS DECEASED EVER IN IYES NO OR UNKNOWN)	U.S. ARMED FOR		URITY NO.	Mrs Savilla	a Broadwate:	**	ton Md.	
any injury, or ather troumat	VIION		which diote the lost. DUE	TO, OR AS A CONSEOL (b) TO, OR AS A CONSEOL (c) DNS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM				
34	CERTIFICATION	THE DATE OF OPERATION	314	CONDITION FOR WHICE	HOPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYING	ERE FINDINGS US G CAUSES OF DE NO	ATH?
is morked or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRE! WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH HO	TIME OF INJURY F.M. MONTH D P.M. PLACE OF INJURY OME. STREET FACTORY, OFFICE	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TO		OR PART 2)	STATE
21		22a. I certify that (I) (the saw the deceased above, (I) (we) (did 22b. SIGNATURE	alive on	ded the deceosed from,	010	d that in (my) (our) opinion of	death occurred on the do	, 19_ ote and hour an	d from the couses	stated
MPORTANT: If Hem		22d. PHYSICIAN SNIAM	(THE OH PRINT)	Gross	MD	M.D ATTENDING PHYSICIAN [MEDICAL STAF	IAN D	1/19/8	1
_		BURIAL, CREMATION, RE (SPECIFY) Burial UNERAL DIRECTOR	7 X	25/81 23c.	NAME OF CI	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Swanton	Garr		STATE
/81	(1)	Boal Funer	al Servi	ce P. A. We	sternp	ort Md. JUL	27 1981	Pare REGISTER	and father	

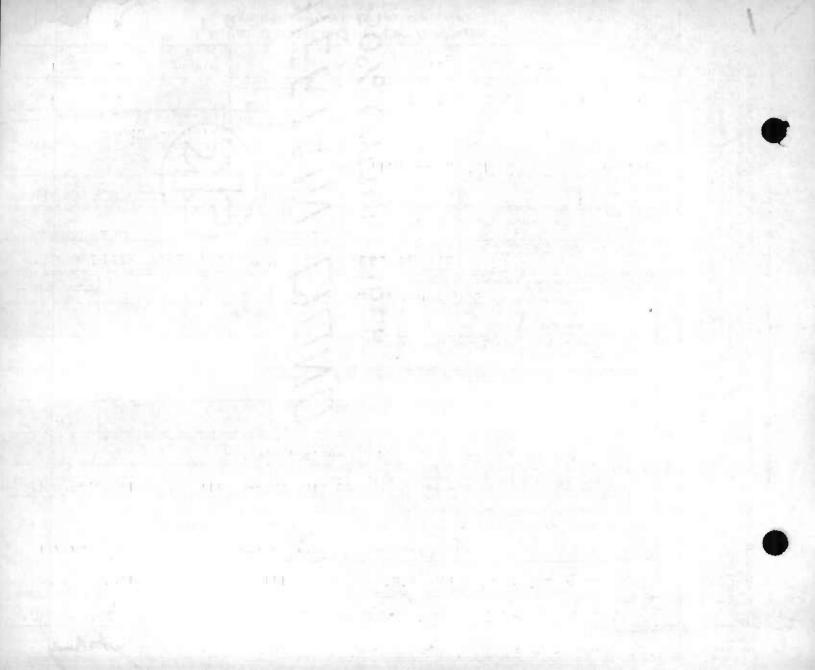
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STON ST., BALTIMORE, MD. 21201 V 24 HOURS AFTER DEATH. IF ANY DELY N ITEM 18. GIVE PAGES 1, 2, AND 3 TO ALONG WITH FORM PM 3. RETAIN PIFERMIT. PAGES 1 AND 2 SHOULD BE TYGINED, DIVISION OF WITAL RECORDS, OVAL.) J	THER'S NAME	DEVER IN U.S. ARA	MIDDLE B.		SE	10	15. MOTHER FIR VTRO	STNTA		MI	ADDRES	GR	RISW	ast OULE	
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OF VITAL RE ATE SHOULD FE WORD "PEI THE CHIEF M THE CHIEF M THO BE USED A TO BURIAL, CI	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERAT	ION W	AS PERFORM	ED?				-1/6		UTOPSY?	NO 🗆
DIVISION HIS CERTIFIC WRITING TH WARD TO AGE 3 SHOU AGE 2 SHOU TO PRIOR	MEDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF I	21e PLACE C STREET, FACTO	MONTH 7	TC.)	21f. LOC	subjec Sation TREET O Blk.	t sta	bbed	CITY OR TOW	VN	Balto	DUNTY	y, Mo	STATE
TO MEDICAL EXAMINER: THE ERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SIZE BALTIMORE, MARYLAND, 2			ty that I taak charged from: Natur	cof the remains described and the remains de	Adrident	Suici	M.	Homicia TITLE (SPI DOP UT	y Chi	Undeter		nner .	DATE SIGN	7.	/4/8 D.	
5 Bb	23o. B	SPEC#FY)	RIAL	36. DATE 7/8/81	23c.) M']	NAME OF CEME		CEM		23d LOC CITY OR ANN	TOWN	UNDE	EL COL	O.	STA N	ID.
DHMH-17 (VR A15 ME (5))		UNERAL DIRECT		ADDRESS H 1101 E	. NC	ORTH AV	Æ.	2.5	JUL	7 -	egistrai 1981	R 25b. REG	STRAR'S	SIGNATI	JRE	



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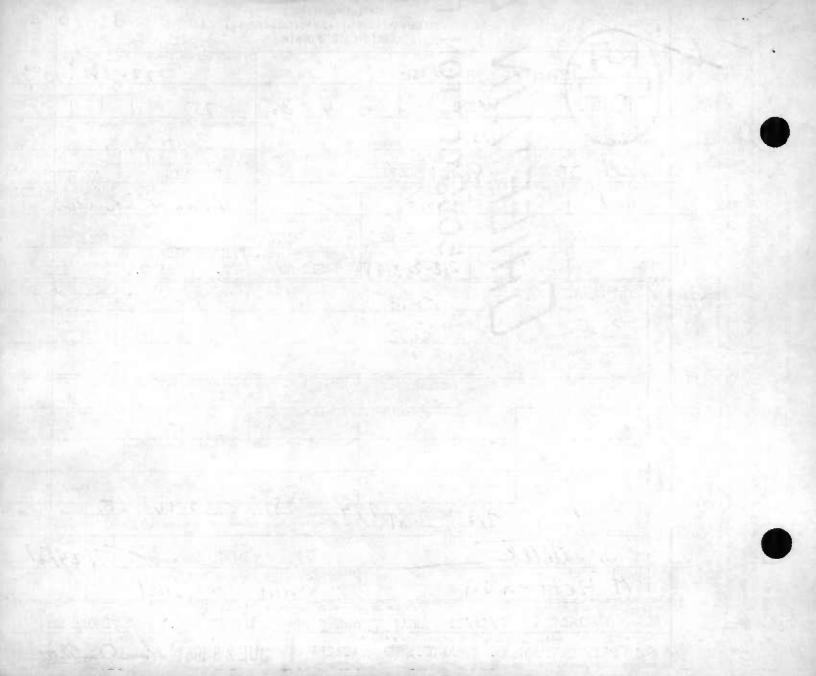
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	٠	REGISTRAR			CERTIF	ICATE OF DEAT	TH	DEC.	. NO.		
-		CEASED NAME THIS		MIDOLE	1	AST		20 DATE OF DEAT		OAY YEAR	26 HOUR
	1111	Jenn.	e	Wise			15		7/2	24/81	10200
	1.58		4 RACE		5. DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2.5HRS
		P EMALE	WHI	TE	MONT		OS-	75	YRS	MONIHS BATS	HOURS MIN
50		COUNTRY	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 🗆	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
52	_	MARYLAND ITY OR TOWN OF DEATH	US	4	WIDOWE		- Charact	154	1/0.	citz	MD.
1/2		Bulto. Cita	(IF NOT IN SUG	HEACHITY, GIVE STREET	SPITA	DR OTHER INSTITUT	ION	120 USUAL OCCUP (TYPE OF WORK FOR MO HOUSE)	ST OF WORKING	HEE INDUSTRY	HOME
3	130	AL RESIDENCE (IF NURSING-HOME OR I STATE 136 COUN	other institution. TY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LI		13e STREET ADDRE		Charl	#21218
SOC.	14 F	ATHER'S NAME ADOLPH	NOOLE	ROSENBI	ERG	15 MOTHER'S MAI	ARY	AE MIDDI	E	SOLO	MON
dico	16a \	MAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	IRITY NO.			SANDER AV			
e B	I	VO		212-20	2195	3512 A	AUTUM	IN DR.	BALTO.		21208
y injury, ar other traumotic event,	ATION	18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR DUE TO, OR (c) ONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF					IVEN IN PART 110	
2	CERTIFICATION	THE DATE OF OPERATION	IVE CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	}	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
9 Jen 18 s	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT (AF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.A	M. MONTH DA	YEAR	214 HOW INJURY	OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART (OR PART 2)	
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ORIANI: If Hem 21 is mo		270. I certify that if (this hospital saw the deceased alive on above. If we did I did not 27b. SIGNATURE	1/2	19		d that in (my) (our) DEGREE ATTEN			TAFF		
2 '		27d PHY ICIAN'S NAME STYPE OR HETT	PRINT) EMUV	1		220. ADDRESS	rûl	1 to sv	n tal	1772	77.0.
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/26,	/81 BNA	IISF	EMETERY OR CREM.		23d LOCATION LITY OR TOWN	C.) B	ALT IMORE	E MD STATE
31		UNERAL DIRECTOR SOL	LEVINSON N RD.	BALTO.		21215	250 DATE	JL 28 198	1 Ras	STRAR'S SIGNAT	Martlen .

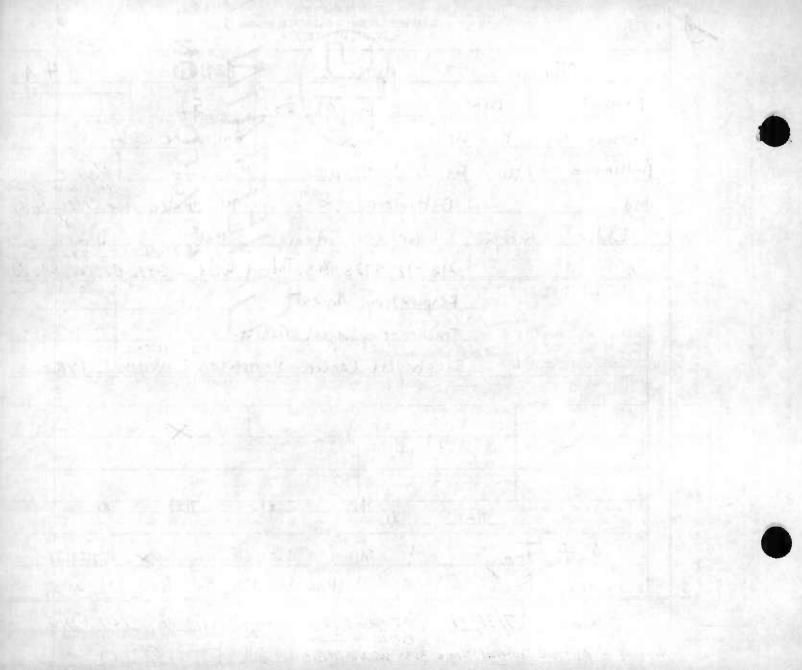
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12	5	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REGISTRAR CERTIFICATE OF DEATH						1 8	3	6 3
			CEASED NAME FIRST	MIDDLE	1 - IV	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
y be	, page 3		Mary	H.	V	Vise		74	81	928 AM
o m	r, po	3. SE	(4 RACE	S. DATE		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
o de	recto		Female	Black	2	13 190		YRS.		
4. 9.	10 O	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
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01 s ofter	belled with	0	altimore, Md	(IF NOT IN SUCH FACILITY, GIVE SI Provident H	REET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
212 haur	be fu	USU,	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
24 24	filled ould b		aryland	Balti		YES X NO	1622 Gwyn	ns Fal		arkway
RYL	2 sh	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			LAS	
MA be	350		Jöhn	W. Har	per	Sarah			Adam	
IMORE,	Pages 1		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	0-5470	17 INFORMAN Balto	o.,Md.2121 lliam Wise	7 Fall	ls Pa	rkway Gwynns
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the	hos been prior ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	OF DEATH?
IAN: T physica	burial-transit Mental Hygie or Hem 18 sha	CER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2]	
OF OF PART OF	certification of the manual of	CAL	OR CONTRIBUTING CAUSE OF DE.	AITH	19					
VISION G PHYS	er this of the but and Med or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21& PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
90	s mar		22a.1 certify that (1) (this hasp	ital) attended the deceased from	m	4 1981		14 19	81	that (I) (we) lost
& ATTER hospital	for of His		saw the deceased alive an above, (1) (we) (did)	wiew the bady after death	9.81.0	nd that in (my) (aur) opinion	death occurred an the do	ite and hour a	nd from the	couses stated
AL OR A	at DIREC eroched re Dept. T. If Item		22b. SIGNATURE andrew	A. Lu Jr.	М	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗖	22c. DATE.	SIGNED
HOSPITA	should be de- with the State MPORTANT:		22d. PHYSICIAN'S NAME (TYPE OF	T .	. MD	Provident		Baltin	soce 1	Md
3040	ohs ohs	23a. E	iurial, cremation, removal	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		-1.	
4/ BP	The Little	- (Burial	12/20/20		s Memorial	Pk Baltir	OMO CO	UNITY	STATE
pro	6 50M 7/77	24. FI	INERAL DIRECTOR				TE REC'D. BY REGISTRAR	256. RECISTRA	R'S SIGNAT	
	15 (4))	ile	DIRHUT E. NITTEN	E Funeral Home	3035 W.	WINTH AUE.	JUL 9 1981	Many	Jan	Martha

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3		FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 561 BF CAT CERTIFICATE OF DEATH 70 REGINO.56*	8 per 6 4
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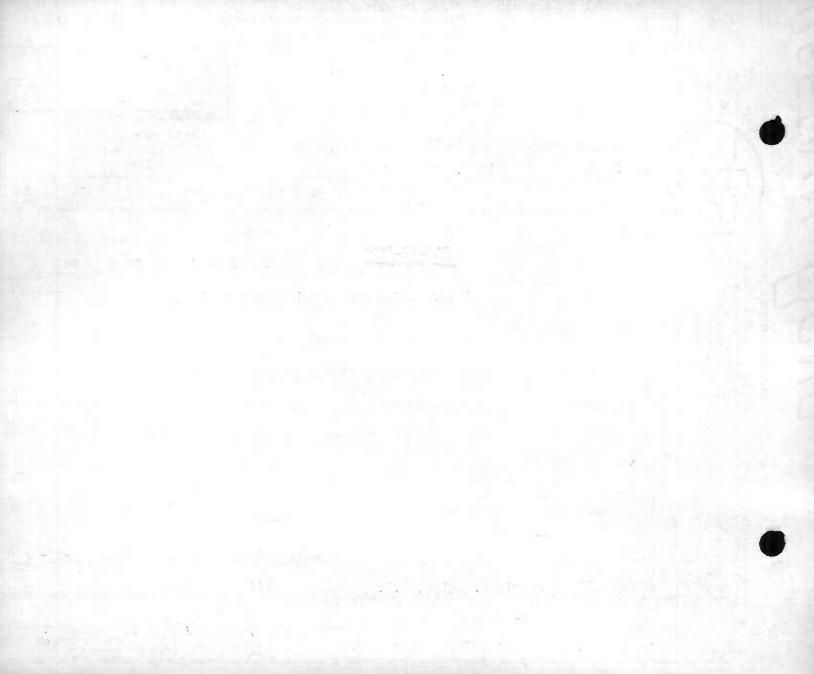
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/1-s	FOR STATE REGISTRAR		STATE OF MARY NT OF HEALTH AND AMINER'S CERT	MENTAL HYGIEN	TH REG. NO	8	4 6 6	
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3. SEX	ale black	MONTH DAY YEAR LA	GE IN YEARS IF UNDER 1 AST BIRTHDAY) MONTHS DA	YR. IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD		DAY YEAR 2d	HOUR : 15,4
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95(1)	YORTOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN PIFNOT IN SUCH FACILITY GIVE STREET UNION Memori	G HOME, OR OTHER INS ADDRESS) al Hospital		UAL OCCUPATION (TYP MOST OF WORKING LIFE)	E OF WORK 126	OR INDUSTRY	ESS
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Town 5	THER'S NAME FIRST MARTIN	WITHERS POO	Na Na Na	OTHER'S MAIDEN NAME MARY		BRAY	TZAI	
16a. W	YAS DECEASED EVER IN U.S. ARA S NO. OR UNKNOWN) (IF YES, GIVE Y YES	WAR OR DATES)		FORMANT LSIE WITHE	ADDRESS ERSPOON 5			VE. E
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ARYLAND	22a I certify that I taak charg death resulted from: Notice ACTUAL SIGNATURE	e of the smains described abave, h	, Suicide , F	`	termined manner .	DATE SIGNED_	on 7/7/81	
230.BU	EXAMINER'S NAME (TYPE OR PRINT) IRIAL, CREMATION, REMOVAL 2	Hormez R. Gu		ss111 Pen	n Street, B	altimor	ce,MD 212	201
(5)	BURIAL UNERAL DIRECTOR NAME		VET CEM.	CR 23a. DATE REC'D. BY	ROWNSVILLE		MI)
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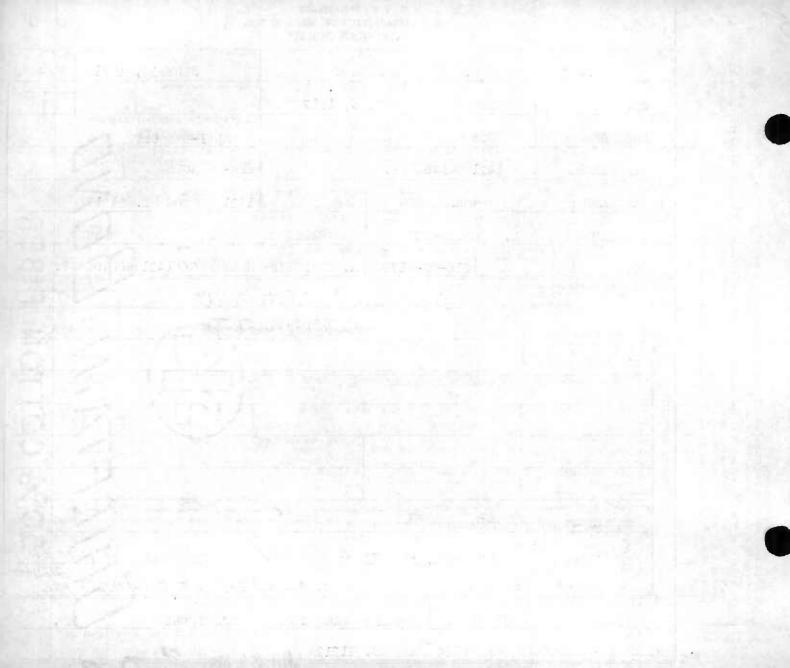
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1"	1. DECEASED NAME FIRST			MIDDLE				LAST Zo. DATE KNOWN				NOWN		H DAY	YEAR	2b. HOUR	
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BALTIMORE, MD. 21201 JRS AFTER DEATH. JF ANY DELAY IS TO SEE PAGES 1, 2, AND 3 TO THE MITH FORM PM. 3. RETAIN PAGE IT, PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS. 201	USUAL 13a. ST	RESIDENCE (IF)	13b. COUN	OR OTHER INSTITUTION, G	13c CITY	BEFORE ADMISSIN OR TOWN 1to.	ON)	13d INSIDE CITY	NO [13e STREI 313	ET ADDRES	S Oth S	St.				
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NOR NOR	16a. W.	AS DECEASED E	VER IN U.S. ARA	ARMED FORCES? GIVE WAR OR DATES) 110 - 12 - 0679			5NO.	17. INFORMANT ADDRESS Edith M. Wolfe, 313 E. 20 30									
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NST., By HOURS M 18. G WIT RMIT. P. L.		18 CAUSE OF D	DEATH (Enter onl	y one couse per lin	e far (a), (b)	, ond (c).)			**					All BET	PPROXIMATE	INTERVAL AND DEATH	
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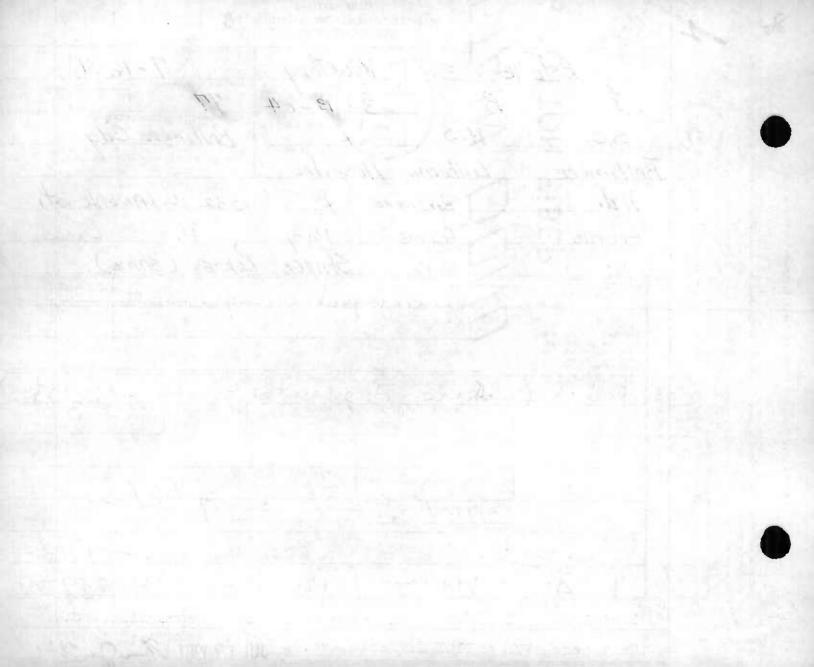


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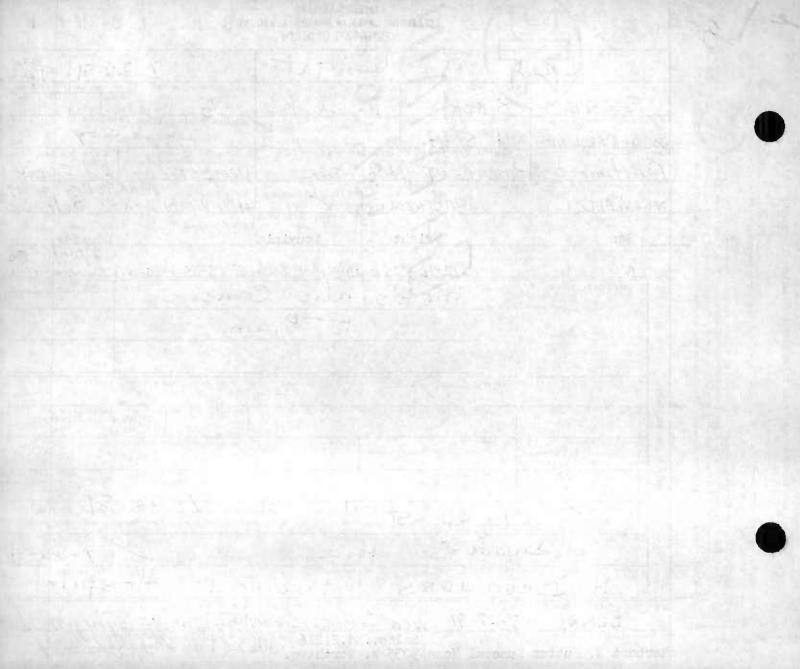


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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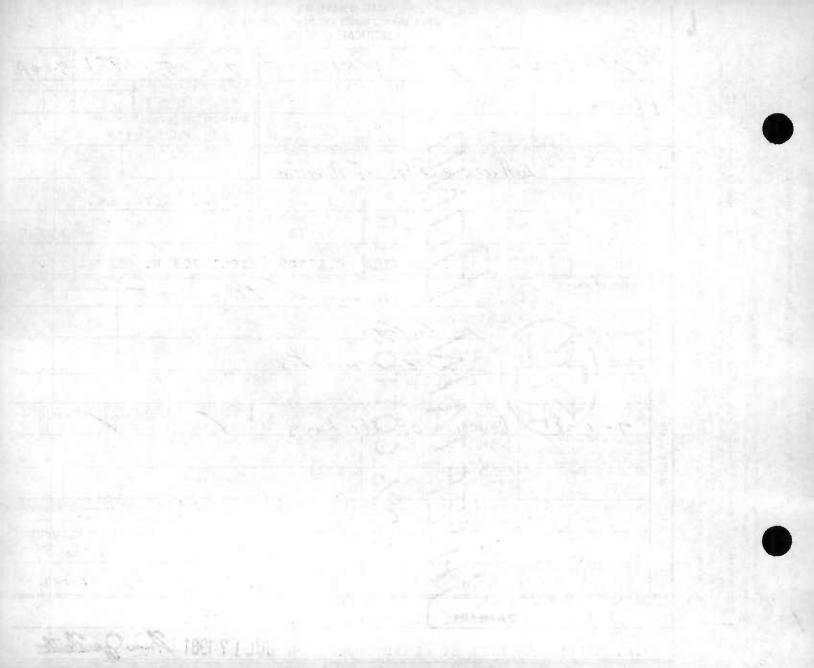


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MARYL	1230	0	FATHER'S NAME FIRST MIDDLE LAST Ben Wright Louvinia Edwards
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	TIAL OF Dy the h HAL DIE Stote Dep		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 7-22-ST 276. DATE SIGNED
	O HOSP		1 H. Devadoss Provident Hospital
2803	ВР		BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION STATE STATE STATE STATE
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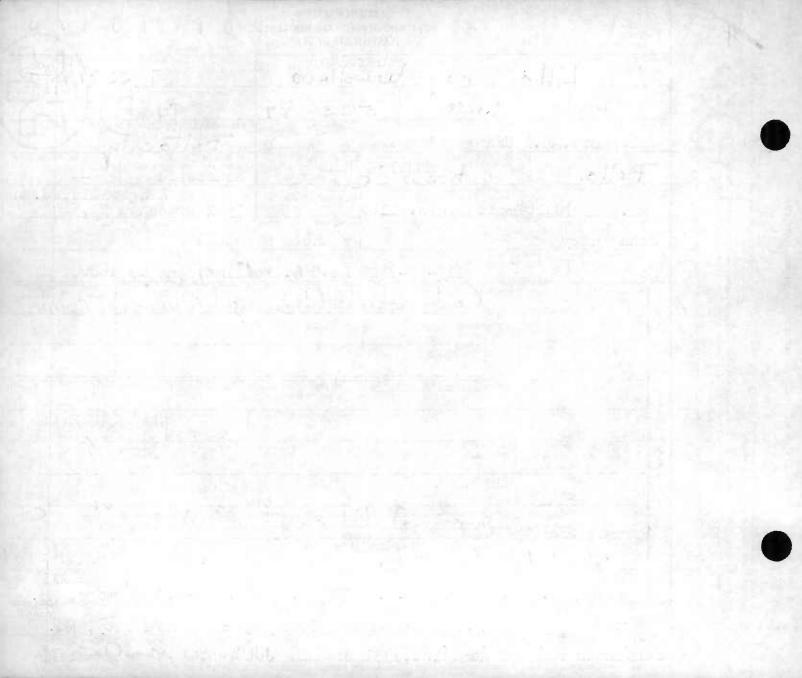


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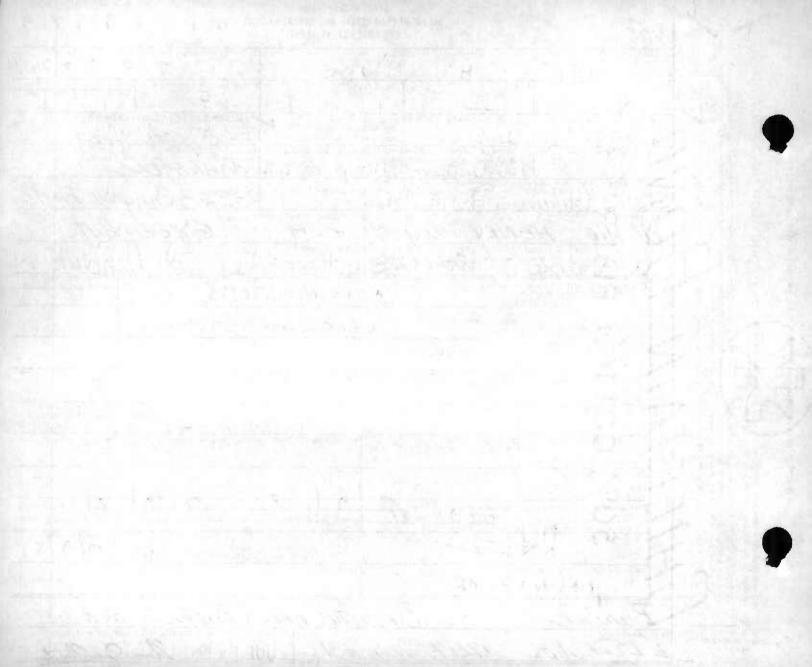
STATE OF MARYLAND

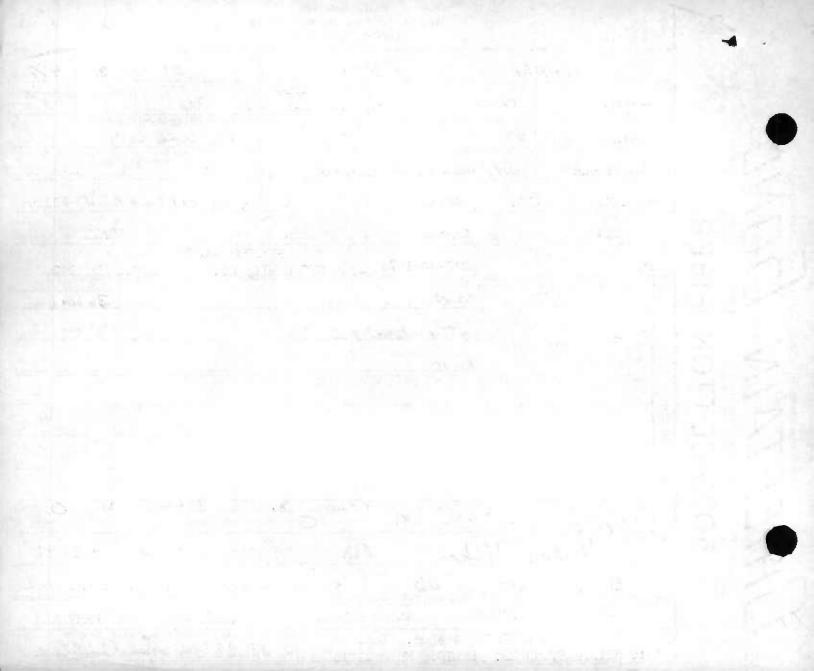


STATE OF MARYLAND



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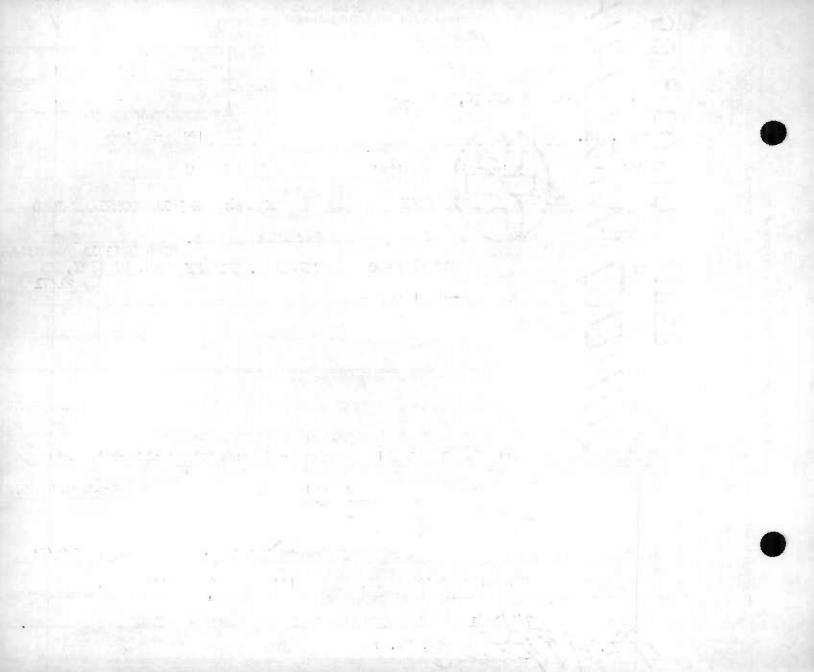




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN 76 HOUR X (TYPE OR PRINT) OF ESTI-Mary В. Yancy DEATH MATED 8 19 8 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 9:30 LAST BIRTHDAY) PRONOUNCED Black 94 87 DEAD Female 8 8 10 81 P.M JE BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Maryland MARRIED NEVER MARRIED U.S.A. Baltimore City AND 3 TO ...
RETAIN PACE 5
AND BE FILED, W. WIDOWED X DIVORCED IB. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY 2203 W. Baltimore North Avenue Homemaker BURIAL - TRANSIT PERMIT. PAGES I AND 2 HOUD B AND MENTAL HYGIENE, DIVISION OF VIT LIFEORD ATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) BALTIMORE, MD. 21201 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS North Ave Md. YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME DEATH. GES 1, M PM MIDDLE MIDDLE William NMI NMI Brooks Mary Barnes AFTER DE IVE PAGE H FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Juanita Sydnor-2203 W. 217-28-3767A North WITH APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease ITEM 1 IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 USED AS A E CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD."PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNETION. PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES [] NO X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P M 21e PLACE OF INJURY 214 INJURY OCCURRED (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY ХX 220. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my apinian Inquiry Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Assistant DATE 7-9-81 SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan. M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION Burial Balton 7/14/81 Arbutus Mem PK Md. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE **DHMH-17** Russ-2222 W. North Ave Joseph L. (VR A15 ME (5)) 15M 2/80

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A. RICE FSPA 1300 Eutaw Pl.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😤

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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U.S.A. WIDO NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 719 E. Lombard St. INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 134. CITY OR TOWN Baltimore LAST	DNORCED E OR OTHER INSTITUTION TEET 13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAME FRIST	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET 138. STREET ADDRESS 1719 E. Lombard ME	12b. KIND OF BUSINESS OR INDUSTRY
NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 719 E. Lombard St. INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 134. CITY OR TOWN Baltimore LAST	E OR OTHER INSTITUTION TEET 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME FRIST	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET 138. STREET ADDRESS 1719 E. Lombard ME	12b. KIND OF BUSINESS OR INDUSTRY
719 E. Lombard St. EINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 132 CITY OR TOWN Baltimore LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	Homemaker 13e STREET ADDRESS 1719 E. Lombard ME	
Institution, give residence before admission lac CITY OR TOWN Baltimore LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	136 STREET ADDRESS 1719 E. Lombard	Street
Baltimore LAST	YES NO 15. MOTHER'S MAIDEN NAM	1719 E. Lombard	Street
	FIRST		
FORCES? 166 SOCIAL SECURITY NO	Mary	Tighe	LAST
			timore, Maryland
OR DATES) 220-48-1802	Bernard Zill	1719 E. Lombard	
For to the second second second			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(c)		INAL DISEASE OR CONDITION G	(VEN IN PART I(o)
196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
HOUR A.M. MONTH DAY YEA	AR		
	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
448		, to	, 19 , that (1) (we) lost our and from the couses stated
hermin MD		MEDICAL STAFF DIRECTOR PHYSICIAN	July 6, 1981
	22e ADDRESS		
r, M.D.	6216 Eastern	Avenue Baltim	ore, Maryland
	(b) COASENING DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH B 19b. CONDITION FOR WHICH OPERAT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	DUE TO, OR AS A CONSEQUENCE OF (b) COACESTIVE HEAT FAILM DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURR 19 21l. LOCATION STREET STREET, FACTORY, OFFICE, FARM, ETC.) DE GREE ATTENDING PHYSICIAN PLANCE OF INJURY ON THE STREET OF THE STREET	DUE TO, OR AS A CONSEQUENCE OF (b) Concestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CONTRIBUTION STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH-16 30M 2/80 (VRA 15, 4)

STATE

ial Pk Columbia

250. DATE REC'D. BY REGISTRAR 25h

JUL 7 - 1981 Burial Crestlawn Memorial 24 FUNERAL DIRECTOR NAME DIPPEI Funeral Homes, Inc. ADDRESS 7110 Belair Road

Baltimore, Md

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X X July 6, .9			
	6216 Enster	de Luce, de Luce	

DHMH- 16 30M 2/80 (VRA 15, 4)

CERTIFICATE OF DEATH REG. N	NO.			
R 2/1EQ/ S. DATE OF DEATH	MONTH	DAY 71	YEAR R 1	26. HOUR

7	1	REGISTRAR			CERTIF	ICATE OF DI	HTA	REC	3. NO.				
		CEASED NAME FIRST		B	20	IFALL.	Sr	20. DATE OF DEAT	H MONTH	21 21	YEAR 8)	26. HOUR	AM
	3 SE	Male	4 RACE Wh:	ite	S DATE (n.16,19	D6YEAR	6 AGE (IN YEARS LA	ST BIRTHOAY)	MONTH	DER I YEAR	IF UNDER 2 HOURS	MIN.
5	Ré	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED -	9 BALTIMORE CIT	o. Cit		EATH		MD.
2		Baltimore	Sine	HOSPITAL, NURSIN HEACILITY, GIVE STREET BI HOSPT.	ADDRESS)	OR OTHER INSTI	IUTION	120 USUAL OCCU (TYPE OF WORK FOR MY Retire				F BUSINES	SS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE Md.		Baltimo				3916 W	ss Bel	vede	re Av	7e.	
1		David	MIDOLE	Zufäll			ena ena	MIDD	Della	a	LAS	ī	
1		VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (16 YES, G	RMED FORCES?	190-03-		Mrs. Pa		L. Talie	eferro	R	eiste	ersto	wn,
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per SED BY ATE CAUSE (o)			VIC SI	ber				APPROXI BETWEEN C	haur	_
		Conditions, if ony, which gove rise to immediate	(b)	AS A CONSEQU	IRAT	MON F	NEUH	ONIA	53		48	Lung UE	
		couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE	OHOL	ABC NOT RELATED 1		NAI DISEASE OR C	ONDITION	GIVEN IN			ars
	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH				200 AUTOPSY?	20b. IF	YES, WE	RE FINDIN	IGS USED	- 17
1	RTIFIC							YES NO		YES		OF DEATH	
0	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH D.	AY YEAR		SUMME.	ED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 C)R PART 2}		
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION	1	CITY	OR TOWN	C	OUNTY	STA	ATE
		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	n	19	, 01	nd that in (my) (, 19 our) opinion d	, to eath occurred on th	e date and h	hour and	Irom the		
,		22b. SIGNATURE	ult			PI	TENDING HYSICIAN		STAFF YSICIAN		July July	SIGNED	81
/		E, ANH	ALT.			22e ADDRESS	inai	Hospit	all				
		SURIAL, CREMATION, REMOVA	1 236. DATE			Saints	EMATORY	234. LOCATION	Staret	Ot.m.cou	EN ^T MA	Str	ATE

24 FUNERAL DIRECTOR
Eline Funeral Home

Reisterstown, Md. 21136

JUL 2 3 1981

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		AND THE STATE			